

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

00999

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Frederick  
 City or town Rural Knoxville (Petersville)  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 7 yrs  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Rural Knoxville (Petersville)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Petersville  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Jeremiah Faulkner Anderson

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife Carrie E. Sigler  
 6. (c) If alive, give age 75 years  
 7. Birth date of deceased (mo., day, yr.) April 3rd 1871  
 8. AGE: Years 76 Months 16 Days 16 If less than one day  
 hrs. min.

9. Birthplace Maryland  
 (Town, county, and state)  
 10. Usual occupation Fence Builder (Retired)

## 11. Industry or business

12. Name John Anderson  
 13. Birthplace Virginia  
 14. Maiden name Louise Phillips  
 15. Birthplace Maryland

16. Informant Mrs Carrie F. Anderson  
 Address Knoxville Md R. 710.

17. Burial Date thereof April 22 1947  
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory St. Marks  
 Location Rural Knoxville Md

18. Funeral director C. N. Felt & Son  
 Address Brunswick Md

19. Apr. 22 47 Kathryn N. Brown  
 (Date rec'd by registrar) (Signature) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1947, at 10:40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 16 1947 to April 19 1947  
 and that I last saw him alive on April 18 1947

Immediate cause of death Pulmonary edema  
Myocardial decomposition  
 DURATION 4 days  
10 days

Due to Myocarditis  
 10.4.20

Due to Smoking  
 Other conditions Smoking  
 (Include pregnancy within 3 months of death)

Major findings of operations —  
 Date of op. —

Autopsy results —  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide — Date of —  
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
 Means of injury — Injured at work?

23. SIGNATURE A. J. Prince M. D. or other  
Jefferson W. Prince  
 Address — Date signed 4/19/47

RECEIVED BUREAU OF HEALTH

STATE OF MARYLAND

DEPARTMENT OF HEALTH

APR 25 1947

DEPARTMENT OF HEALTH

RECEIVED  
APR 25 1947  
BUREAU V S

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 154

## CERTIFICATE OF DEATH

Reg. Dist. No. 132

01000

## 1. PLACE OF DEATH:

County Frederick  
 City or town Rural Middletown  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 32 yrs.  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick  
 City or town Middletown  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Maudie M. Baer

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white Married

6. (b) Name of husband or wife Elmer Baer6. (c) If alive, give age 62 years7. Birth date of deceased (mo., day, yr.) June 27, 1884

8. AGE: Years Months Days If less than one day  
62 9 16 hrs. min.

9. Birthplace Middletown, Frederick Co. Md.  
(Town, county, and state)10. Usual occupation Housewife

## 11. Industry or business

12. Name Peter Harshman13. Birthplace Middletown, Md.14. Maiden name Matilda Oline15. Birthplace Middletown, Md.16. Informant Elmer BaerAddress Middletown, Md.17. Burial Date thereof 4-14-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Middletown, Md.18. Funeral director Bluthill Co.Address Middletown, Md.19. April 14, 1947 Main Blacill  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1947 at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1947 to April 13 1947  
 and that I last saw him alive on April 11 1947

Immediate cause of death

Pulmonary edema

DURATION

3 daysDue to Chronic edema6 wksDue to myocardial2 modecompensationOther conditions Chronic nephritis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Altae & Rie

M. D. or other

Address Jefferson Rd. Date signed 4/14/47

RECEIVED

APR 21 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

## CERTIFICATE OF DEATH

01001

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? Since March 16, 1947

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #4  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near Church Hill  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3.(a) FULL NAME

JOHN WILLIAM BARNES

## 3.(b) Social Security Number

None

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

W

6.(b) Name of husband or wife

Lola C. Haupt

7. Birth date of deceased (mo., day, yr.)

August 22, 1867

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

79712hrs.min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER  
MOTHER

12. Name

Samuel Barnes

13. Birthplace

Frederick County Maryland

14. Maiden name

Ella May Kelly

15. Birthplace

Frederick County Maryland

16. Informant

Harry T. Barnes

Address

R. F. D. #1, Frederick, Md.

17.

Burial

Date thereof

4/7/47

(Burial, cremation, or other)

Cemetery or crematory

Lutheran Cemetery

Location

Middletown, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

5 April 1947

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 4 April 191947, at 1:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 16 March 1947 to 4 April 1947 and that I last saw him alive on 30 April 1947

Immediate cause of death

Cerebral hemorrhage

DURATION

16 Mar. 47

Due to

Generalized arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles H. Conley Jr. M.D.

Address

Frederick, MarylandDate signed 4 April 47

RECEIVED

APR 8 1947

BUREAU



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01002

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Embley Nursing Home 708 N. MarketHow long in hospital or institution? 3 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 221 S. Market St  
(If rural, give LOCATION)2.(a) If veteran, name war none

## 3. (a) FULL NAME

Hattie Lou Baumgardner

## 3. (b) Social Security Number

none

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

(dead)George T. Baumgardner

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of

deceased (mo., day, yr.)

May 28 1866

8. AGE:

Years

Months

Days

If less than one day

801021

hrs.

min.

9. Birthplace

Frederick, Frederick, Md  
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

FATHER

12. Name

George Van Fossow

13. Birthplace

Unknown

MOTHER

14. Maiden name

Sarah Truscott

15. Birthplace

Unknown

16. Informant

Robt. Baumgardner

Address

Frederick, Md17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

4/22/47  
(month) (day) (year)

Cemetery or crematory

Mt. Olivet

Location

Frederick, Md

18. Funeral director

Henry E. Canty, Inc.

Address

Frederick, Md.19. 22 April

(Date rec'd by registrar)

19. 47Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1947, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 19 1947 to April 19 1947and that I last saw him alive on April 19 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

1 mo.

Due to

hypertension

Other conditions

Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

23. SIGNATURE

A. A. O'Leary, M.D.

M. D. or other

Address

Frederick, Md.Date signed 4/21/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct-age is especially important. Physicians: please write the causes of death clearly and legibly.

**RECEIVED**

APR 23 1947

**BUREAU**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18-8

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

01003

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 3/6/47  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 3/6/47

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County .....  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 3400 Lyndale Ave.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war .....

## 3. (a) FULL NAME

Joseph Benton

## 3. (b) Social Security Number

220-01-0162

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of ~~XXXX~~ wife Agnes Benton 6. (c) If alive, give age 38 years  
 7. Birth date of deceased (mo., day, yr.) 10/22/1905  
 8. AGE: Years 41 Months 5 Days 11 If less than one day ..... hrs. .... min.

9. Birthplace Solomons Island, Md.  
 (Town, county, and state)  
 10. Usual occupation Tar Sprayer  
 11. Industry or business .....

FATHER 12. Name James S. Benton  
 13. Birthplace Benedict, Maryland  
 MOTHER 14. Maiden name Lillian Messick  
 15. Birthplace Benedict, Maryland

16. Informant Agnes Benton (Wife)  
 Address 3400 Lyndale Ave., Balto., Md.  
 17. Burial Date thereof Apr. 5, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory New Cathedral  
 Location Baltimore, Md.  
 18. Funeral director M. L. Creager & Son  
 Address Thurmont, Maryland

19. 4/3 47 J. B. Linn  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 19 47 at 7:15 A M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6 19 47 to April 2 19 47  
 and that I last saw him alive on April 2 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 79 Mos.

Due to .....  
 Due to .....  
 Other conditions .....

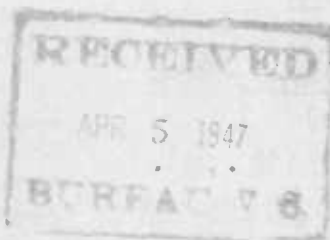
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. ....

Autopsy results .....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ..... Date of .....  
 Where did injury occur? ..... (City or town) ..... (County) ..... (State) .....  
 Injured at home, farm, industry, public place (where?) .....  
 Means of injury ..... Injured at work? .....

23. SIGNATURE P. G. Baccin M. ~~XXXX~~  
 Address State Sanatorium, Md. Date signed 4/2/47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13F2)

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310

01004

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 Years

Hospital, institution, or street address where death occurred:

#30 Taney Apartments

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. #30 Taney Apartments  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

EMORY CLAYTON BISER

## 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced— <u>M</u>
--------------------	------------------------------	---

6. (b) Name of husband or wife Effie May Smith6. (c) If alive, give age 66 years7. Birth date of deceased (mo., day, yr.) October 30, 1874

8. AGE: Year <u>72</u>	Months <u>5</u>	Days <u>1</u>	If less than one day .....hrs. ....min.
---------------------------	--------------------	------------------	--

9. Birthplace Nr. Middletown-Frederick-Maryland  
(Town, county, and state)10. Usual occupation None

11. Industry or business

FATHER 12. Name Lawson Biser13. Birthplace Frederick County MarylandMOTHER 14. Maiden name Barbara Ellen Rensburg15. Birthplace Frederick County Maryland16. Informant Mrs. Effie BiserAddress #30 Taney Apts., Frederick, Md.17. Burial Date thereof 4/4/47  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryFrederick, Maryland

Location

18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 2 April 19 47 Elizabeth H. Hock  
(Date read by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st, 1947 at 5:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-15 19 47, to 3-30 19 47 and that I last saw him alive on 3-30 19 47Immediate cause of death Ch. Cardia. Renal Vascular DiseaseDURATION 2 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. J. Beane Jr. M. D.Address Frederick, Maryland Date signed 4-2-47

RECEIVED

APR 5 1947

BUREAU V B.

1-35

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore 172

01003

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  
County Frederick  
City or town Frederick City  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Several hours.  
Hospital, institution, or street address where death occurred: Frederick City Hospital  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town State Sanatorium  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war No

3. (a) FULL NAME  
Fannie Bell Brown

3. (b) Social Security Number  
None.

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married.  
6.(b) Name of husband or wife Ira A. Brown  
6.(c) If alive, give age 63 years  
7. Birth date of deceased (mo., day, yr.) February 13, 1880  
8. AGE: Years 67 Months 3 Days 14 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Williamsport, Maryland Wash. Co.  
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER 12. Name James Sprenkle  
13. Birthplace Unknown

MOTHER 14. Maiden name Unknown.  
15. Birthplace Unknown

16. Informant Ira A. Brown.  
Address State Sanatorium Md

17. Burial Date thereof April 30, 1947  
(Burial, cremation, or removal, which?) (month) (day) (year)  
Cemetery or crematory Reformed Church Cemetery  
Location Sabillasville, Md.

18. Funeral director M. L. Creager & Son  
Address Thurmont, Md.

19. 29 April 19 47 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION  
20. DATE OF DEATH April 27, 1947 at 4 P:M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1, 1946 to April 27, 1947  
and that I last saw him alive on April 27, 1947

Immediate cause of death Coronary Thrombosis DURATION 12 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arteriosclerotic ulcer 2 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE M. Franklin Birch M. D. or other

Address Thurmont, Md. Date signed April 28, 1947

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 1 1947

BUREAU OF

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137

01006

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

### 1. PLACE OF DEATH:

County **Frederick**  
City or town **State Sanatorium, Maryland**  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? **Since 10/21/46**  
Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
How long in hospital or institution? **Since 10/21/46**

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State **Maryland** County **Dorchester**  
City or town **Cambridge**  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. **101 Choptank Ave.**  
(If rural, give LOCATION)  
2. (a) If veteran, name war. ☒

### 3. (a) FULL NAME

**Julian Bryan**

### 3. (b) Social Security Number

**218-20-6502**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Divorced**

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) **September 12, 1893 (?)** 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years **53** Months **7** Days **11** If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace **Dorchester County, Md.**  
(Town, county, and state)

10. Usual occupation **Waterman**

11. Industry or business

FATHER 12. Name **William Bryan**

13. Birthplace **Dorchester County, Md.**

MOTHER 14. Maiden name **Maggie ?**

15. Birthplace **Dorchester County, Md.**

16. Informant **Deceased**

Address

17. **Burial** Date thereof **Apr. 30, 1947**  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **New Market Cem.**

Location **Dorchester Co. Md.**

18. Funeral director **M. L. Creager & Son**

Address **Thurmont, Maryland**

19. **Apr. 25** 19 **47** Registrar **[Signature]**  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH **April 23** 19 **47** at **1:20 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **October 21** 19 **46** to **April 23** 19 **47**  
and that I last saw him alive on **April 23** 19 **47**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **21 Mos.**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **P. W. Ballin** M. D. **[Signature]**

Address **State Sanatorium, Md.** Date signed **4/23/47**

MARGIN RESERVED FOR BINDING

VS A15 9-4-5-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED  
APR 28 1947  
BUR

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 109

## CERTIFICATE OF DEATH

Reg. Dist. No. 01007  
137

### 1. PLACE OF DEATH:

County Frederick  
City or town near Liberty town  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs  
Hospital, institution, or street address where death occurred

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Md. County Frederick  
City or town near Liberty town  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. mt gary R.F.D. 2  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

Melinda Agnes Butler

### 3. (b) Social Security Number

4. Sex F 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Benjamin Butler 6. (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1877

8. AGE: Years 69 Months 5 Days 14 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick Co. Md.  
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own Home

12. Name Howard Myers

13. Birthplace Md.

14. Maiden name Angeline Chamber

15. Birthplace Md.

16. Informant Benjamin Butler

Address Mt. Gary R.F.D. 2

17. Burial Date thereof Apr. 8, 1947  
(Burial, cremation, or removal, which?) (Month) (day) (year)

Cemetery or crematory Mt. Olive

Location near New Windsor, Md.

18. Funeral director Bowell & Hartley

Address 2 Woodsboro, Md.

19. April 9, 1947 1 Orad. Orphan  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 5 1947 at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1947 to Apr 5 1947

and that I last saw him alive on Apr 3 1947

Immediate cause of death Broncho pneumonia DURATION 2 weeks

Due to Acute Bronchitis 4 weeks

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature Ernest P. Raup Md. M. D. or other Apr 6/47

Address New Market, Md. Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

## CERTIFICATE OF DEATH

C1008  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

County Frederick  
 City or town Le Gore  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 8 yrs  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Le Gore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Ida Emma Shipley  
 4. Sex Female 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed

8.(b) Name of husband or wife Thomas Shipley

7. Birth date of deceased (mo., day, yr.) Aug 8, 1884 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 62 Months 8 Days 1 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick County  
 (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER 12. Name John Hatfield

13. Birthplace Frederick County

14. Maiden name Sarah Hatfield

15. Birthplace Frederick County

16. Informant Mrs Le Van Horner

Address Le Gore Md

17. Burial Date thereof April 12, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cap Hill

Location Le Gore

18. Funeral director G. C. Barton

Address Walkersville Md

19. April 11, 1947 Registrar L. J. Powell  
 (Date rec'd by registrar)

## 3. (b) Social Security Number \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1947, at 10<sup>26</sup> P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 30 1947, to \_\_\_\_\_ 19\_\_\_\_  
 and that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death apoplexy DURATION \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Antopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

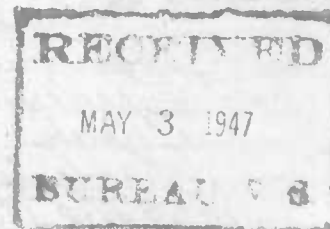
Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE C. E. Stedley M. D. or other \_\_\_\_\_

Address Walkersville Md Date signed 4/11/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 820

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County Frederick  
 City or town Rural - Myersville  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 61 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

Male

5. Color or race

White

6. (d) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Oella Morgan

7. Birth date of deceased (mo., day, yr.)

April 2, 1886

8. (c) If alive, give age

59 years

8. AGE:

Years

61

Months

5

Days

5

If less than one day

hrs.

min.

6155hrs.min.615

RECEIVED  
APR 10 1947  
BUREAU 6



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

01010

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
311 Rockwell Terrace  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 311 Rockwell Terrace  
 (If rural, give LOCATION)  
None  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

CASPER EZRA CLINE

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

8. (b) Name of husband or wife Minerva I. Cline

7. Birth date of deceased (mo., day, yr.) July 31, 1872 B. (c) If alive, give age years

8. AGE: Years 74 Months 8 Days 7 If less than one day  
 hrs. min.

9. Birthplace Nr. Frederick, Frederick Co., Md.  
 (Town, county, and state)

10. Usual occupation Furniture Merchant & Funeral Director

## 11. Industry or business

FATHER 12. Name Nicholas O. Cline

13. Birthplace Frederick, Maryland

MOTHER 14. Maiden name Annie A. Michael

15. Birthplace Frederick County, Maryland

18. Informant Mr. C. E. Cline Jr.

Address Frederick, Maryland

17. Burial Date thereof April 9, 1947  
 (Burial, cremation, or removal, whichever) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

19. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 7 April 19 47 Elizabeth G. Heck  
 (Date read by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 19 47 at 1:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 26 19 46 to April 7 19 47

and that I last saw him alive on April 7 19 47

Immediate cause of death Cerebral Hemorrhage DURATION 6 mo.

Due to

Due to

Other conditions Arteriosclerosis

Hemiplegia (R) (Include pregnancy within 8 months of death)

Major findings of operation None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE A. A. Pearce, M.D. M. D. or other

Address Frederick, Md. Date signed 4/7/47

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS

RECEIVED  
APR 8 1947  
BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 102

## CERTIFICATE OF DEATH

01011  
137  
Reg. Dist. No.

### 1. PLACE OF DEATH:

County Frederick  
City or town Libertytown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred: -

How long in hospital or institution? -

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State md. County Frederick  
City or town Libertytown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. -  
(If rural, give LOCATION)  
2.(a) If veteran, name war -

### 3. (a) FULL NAME

Charles Henry Coates

### 3. (b) Social Security Number

220-09-8079

4. Sex m 5. Color or race bol 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Ida E. Coates

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1906 6. (c) If alive, give age 36 years

8. AGE: Years 40 Months 5 Days 1 If less than one day - hrs. - min.

9. Birthplace Libertytown, Fred Co., md.  
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business -

12. Name Wm. H. Coates

13. Birthplace Frederick Co.

14. Maiden name Fannie Thomas

15. Birthplace Frederick Co.

16. Informant Mrs. Ida E. Coates

Address Libertytown

17. Burial Date thereof April 9, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory John Wesley Cemetery

Location Libertytown

18. Funeral director J. C. Barton

Address Walkersville

19. April 9, 1947 Ans. D. Conner  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 6, 1947 at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2, 1947 to April 6, 1947  
and that I last saw him alive on April 6, 1947

Immediate cause of death Lobar Pneumonia; five days  
Cuba

Due to -

Due to Exposure

Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -

Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

23. SIGNATURE J. N. Legg M. D. or other

Address Union Bridge Date signed 4-7-47

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

131

RECEIVED

APR 11 1947

BUKIA

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF STILLBIRTH**

Reg. Dist. No. 141

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

## 1. PLACE OF BIRTH:

County Frederick  
 City or town Commercial  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street address, hospital, or institution 407 E. Potomac St  
 Length of mother's stay in County 10 yrs  
 (How many years, or months, or days. SPECIFY WHICH)

## 2. USUAL RESIDENCE OF MOTHER:

State MD  
 County Frederick  
 City or town Commercial  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 407 E. Potomac St  
 (If RURAL give LOCATION)

## 3. Name of child

Constance

## 5. Sex

♀

## 6. Twin or triplet

—4. Date of birth April 11 1947 Hour 2 P M.7. No. of weeks pregnancy 22

## FATHER OF CHILD

8. Full name Wm D. Cornelius  
 9. Color W 10. Age at time of this birth 35 yrs.  
 11. Usual occupation R.R. brakeman

## MOTHER OF CHILD

12. Full maiden name Kathleen H. Sullivan  
 13. Color W 14. Age at time of this birth 27 yrs.  
 15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 1  
 (b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? No During labor? No18. Pregnancy, complications of None

19. Labor: (a) Complications of None  
 (b) Induced? No

20. (a) Was there an operation for delivery? No  
 (b) State all operations, if any None (Yes or No)

(c) Did child die before operation? —  
 During operation? —

23. (a) Burial (b) Date thereof April 13/47  
 (Burial, cremation or removal) (month) (day) (year)  
 (c) Cemetery or crematory Frederick

24. (a) Funeral director W. H. T. & Son  
 (b) Address Commercial Md

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes Immature  
 (b) Maternal causes —

22. I certify to the birth of this child who was born dead\* on the date and hour above stated.

Signature Kathleen H. Sullivan  
 (Specify if M. D., midwife or other)

Address Commercial Md

25. (a) Apr. 12/47 (b) Kathleen H. Brown  
 (Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.)  
 The above certificate has been examined by me.

Health Officer, per.....

\* See Instruction C on stub.

Child died 30 minutes

V. S. A10

RECEIVED

APR 14 1947

BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

01013

139

### 1. PLACE OF DEATH:

County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 3/13/47  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 3/13/47

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 89 Wyoming Ave.  
(If rural, give LOCATION)  
2. (a) If veteran, name war V

### 3. (a) FULL NAME

Roy Culross Cox, Sr.

### 3. (b) Social Security Number

173-03-3028

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of ~~XXXX~~ wife Myrtle Cox  
6. (c) If alive, give age ? years  
7. Birth date of deceased (mo., day, yr.) July 20, 1898  
8. AGE: Years 48 Months 8 Days 19 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Kerynsville, W.Va.  
(Town, county, and state)  
10. Usual occupation Shoe Maker  
11. Industry or business  
12. Name Eli Cox  
13. Birthplace Virginia  
14. Maiden name Anna B. Carter  
15. Birthplace Virginia

16. Informant Mildred Drew (Niece)  
Address \_\_\_\_\_

17. Burial Date thereof Apr. 11, 1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery or crematory Antietam National Cem  
Location Sharpsburg, Md.  
18. Funeral director A. K. Coffman  
Address Hagerstown, Maryland

19. Apr. 9 47  
(Date rec'd by registrar) Registrar [Signature]

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 19 47 at 7:30 P. M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 13 19 47 to April 8 19 47  
and that I last saw him alive on April 8 19 47

Immediate cause of death Pulmonary Tuberculosis  
DURATION 6 Mos.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. G. Beebe M. D. [Signature]  
Address State Sanatorium, Md. Date signed 4/9/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be exact age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

APR 11 1947

BUREAU 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13/2)

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural R. F. D. #5  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 40 Years  
 Hospital, institution, or street address where death occurred:  
Near Clifton  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #5  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near Clifton  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

JOHN PHILIP CRAMER

## 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>	
6. (b) Name of husband or wife.....			
6. (c) If alive, give age..... years			
7. Birth date of deceased (mo., day, yr.) <u>October 18, 1857</u>			
8. AGE:	Year	Month	Day
	<u>89</u>	<u>5</u>	<u>17</u>
	..... hrs. .... min.		

9. Birthplace Frederick County Maryland  
 (Town, county, and state)  
 10. Usual occupation Livestock Dealer

## 11. Industry or business

12. Name John P. Cramer  
 13. Birthplace Frederick County Maryland  
 14. Maiden name Margaret Cain  
 15. Birthplace Frederick County Maryland

16. Informant Miss Alice E. Cramer  
 Address R. F. D. #5, Frederick, Md.  
 17. Burial Date thereof 4/7/47  
 (Burial, cremation, or removal: Which?) (month) (day) (year)

Cemetery or crematory Mt. Zion Cemetery  
 Location Near Feagaville, Maryland  
 18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 5 April 1947 Elizabeth Y. Hesk.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 4 April 1947 at 2:30 P. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never 19..... to 19.....  
 and that I last saw him dead 4 April 1947  
 (live on)

## Immediate cause of death

Uremia  
 Due to Arterio-sclerotic Cardio-vascular renal disease  
 ?  
 Due to.....

## Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op. ....

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....  
 Where did injury occur? ..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) .....  
 Means of injury ..... Injured at work?

23. SIGNATURE Charles H. Conley, Jr. M.D.  
Frederick, Md. M. D. or other  
 Address..... Date signed 4 April 1947

RECEIVED

APR 8 1947

BUREAU 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

## CERTIFICATE OF DEATH

01015

131

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 1 Day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 450 West South Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

MERHL MONTGOMERY CRUMMITT

## 3. (b) Social Security Number

219-12-1884

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Carolyn Earnst6. (c) If alive, give age 21 years7. Birth date of deceased (mo., day, yr.) March 18, 19248. AGE: Years 23 Months 1 Days 8 If less than one day hrs. min.9. Birthplace Frederick Junction-Frederick-Md.  
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Everedy Company12. Name Merhl C. Crummitt13. Birthplace Frederick County Maryland14. Maiden name Mabel Montgomery15. Birthplace Mount Airy, Maryland16. Informant Mrs. Carolyn E. CrummittAddress 450 W. South St., Frederick, Md.17. Burial Date thereof 4/30/47  
(Burial, cremation, or removal, when?) (month) (day) (year)Cemetery or crematory Frederick Memorial ParkLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 28 April 47 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1947 at 7:20 P. M.21. I CERTIFY that death occurred on the data above stated; that I attended deceased from Dec. 25, 1946 to April 26, 1947and that I last saw him alive on April 26, 1947Immediate cause of death Thrombotic valvular heart disease withDue to arteriosclerosis andDue to myocardial infarctionOther conditions Ischemic

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D.Address Frederick, Maryland Date signed 4-28-47

RECEIVED  
APR 29 1947  
BUREAU V S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1315

01016

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Point of Rocks  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 50 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Point of Rocks  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. (If rural, give LOCATION)  
2. (a) If veteran, name war None

### 3. (a) FULL NAME

CHARLES HENRY DEAN

### 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W  
6. (b) Name of husband or wife Mary McKnight  
6. (c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) March 2, 1860  
8. AGE: Years 87 Months 1 Days 16 It less than one day hrs. min.

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1947 at 12:40A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 17 19 47 to April 18 19 47  
and that I last saw him alive on April 18 19 47

Immediate cause of death Cerebral Neuronkage DURATION 2 hours

Due to Chronic Nephritis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. B. Carpenter M. D. or other  
Lowellville, Va Address Date signed 4/19/47

9. Birthplace Frederick County Maryland  
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Charles Dean

13. Birthplace Frederick County Maryland

14. Maiden name Mary (last name unknown)

15. Birthplace Frederick County Maryland

16. Informant Mrs. Marie Barrett

Address Point of Rocks, Maryland

17. Burial Date thereof 4/21/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery

Location Point of Rocks, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 21-April 19 47 Elizabeth G Heck  
(Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 23 1947

BUREAU V S



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

01017

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Frederick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 60 yrs.  
 Hospital, institution, or street address where death occurred:  
12 N. Maryland Ave.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 12 N. Maryland Ave.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

Guy Curtis Dean

## 3. (b) Social Security Number

705-12-1632

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Nellie Blanche Wiginton  
 7. Birth date of deceased (mo., day, yr.) June 10, 1886  
 6. (c) If alive, give age 54 years  
 8. AGE: Years 60 Months 10 Days 7 If less than one day  
 hrs. min.

9. Birthplace Brunswick, Fred. Co., Md.  
 (Town, county, and state)  
 10. Usual occupation yard helper-Retired.  
 11. Industry or business

FATHER 12. Name John W. Dean  
 13. Birthplace Brunswick, Md.  
 MOTHER 14. Maiden name Harriet House  
 15. Birthplace Brunswick, Md.

16. Informant Paul W. Dean  
 Address 104 West C. St. Brunswick, Md.  
 17. Burial Date thereof April 20, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Park Heights  
 Location Brunswick, Md.

18. Funeral director Jesse S. Bailey  
 Address 370 W. Potomac St. Brunswick, Md.

19. 4-20 19 47 Eugenia H. Burke  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 19 47 at 12:10 A.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 17 19 47 to April 17 19 47  
 and that I last saw him alive on April 17 19 47  
 Immediate cause of death Coronary Thrombosis 1/2 hr  
 Due to  
 Due to  
 Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.  
 Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
 Accident, suicide, or homicide. Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE William Chandler  
 M. D. or other  
 Address Frederick Date signed April 20, 1947



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

01018

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

### 1. PLACE OF DEATH:

County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 4/15/47  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 4/15/47

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County   
City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 3640 S. Hanover  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

Chester Deaton

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced  
6. (b) Name of husband or wife  6. (c) If alive, give age  years  
7. Birth date of deceased (mo., day, yr.) March 28, 1910  
8. AGE: Years 37 Months 1 Days 1 If less than one day  hrs.  min.

9. Birthplace Jackson, Kentucky  
(Town, county, and state)  
10. Usual occupation Cook  
11. Industry or business   
12. Name Lewis Deaton  
13. Birthplace Kentucky  
14. Maiden name Emma Gellum  
15. Birthplace Kentucky

16. Informant Nancy Collins (Sister)  
Address 3640 S. Hanover St., Balto., Md.  
17. Burial Date thereof May 3, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Jackson Cemetery  
Location Kentucky  
18. Funeral director M. L. Creager & Son  
Address Thurmont, Maryland  
19. April 30 19. 47 J. R. Lynn  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 19 47 at 9:40 A  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 19 47 to April 29 19 47  
and that I last saw h. im alive on April 29 19 47

Immediate cause of death Pulmonary Tuberculosis

DURATION  
5 Mos.

Due to   
Due to   
Other conditions   
(Include pregnancy within 3 months of death)

Major findings of operations  Date of op.   
Autopsy results   
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide  Date of   
Where did injury occur?  (City or town)  (County)  (State)  
Injured at home, farm, industry, public place (where?)   
Means of injury  Injured at work?

23. SIGNATURE R. B. Baccis M. D. XXXX  
Address State Sanatorium, Md. Date signed 4/29/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians please write the causes of death clearly and legibly.

RECEIVED

MAY 1 1947

BUREAU S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 469

## CERTIFICATE OF DEATH

01019

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Fredrick  
 City or town Fredrick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 days

Hospital, institution, or street address where death occurred

Fredrick City HospitalHow long in hospital or institution? 8 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 21 Petersville Road  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

DeLaunter, Mr. Wm. H.

## 3. (b) Social Security Number

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

married

## MEDICAL CERTIFICATION

2D. DATE OF DEATH April 25 1947, at 8:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 17 1947, to April 25 1947and that I last saw him alive on April 25 1947

Immediate cause of death

DURATION

Carcinoma of the Head 1 yr.Due to of the Pancreas.

Due to

Other conditions Jaundice.

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE A. A. Pearce, M.D. M. D. or otherAddress Fredrick Md. Date signed 4/25/476. (b) Name of husband or wife Annie L. Hoffman

## 7. Birth date of deceased (mo., day, yr.)

July 1 18686. (c) If alive, give age 73 years

## 8. AGE:

Years

78

Months

9

Days

25

If less than one day

hrs. min.

## 9. Birthplace

Maryland

(Town, county, and state)

## 1D. Usual occupation

Br. O. R. R. Carpenter Retired

## 11. Industry or business

Repair

## FATHER

## 12. Name

David W. DeLaunter

## 13. Birthplace

Maryland

## MOTHER

## 14. Maiden name

Martha Kemp

## 15. Birthplace

Maryland

## 16. Informant

David W. DeLaunter

## Address

Brunswick Md.

## 17.

Burial

Date thereof

April 28 1947

(Burial, cremation, or removal, etc.)

## Cemetery or crematory

St. Marks

## Location

Rural Brunswick Md.

## 18. Funeral director

C. N. Fuchs & Son

## Address

Brunswick Md.

## 19.

26 April 1947

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

RECEIVED  
APR 29 1947  
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

## CERTIFICATE OF DEATH

Reg. Dist. No. 01020 131

## 1. PLACE OF DEATH:

County Fredensburgh  
 City or town Fredensburgh - Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 hour

Hospital, institution, or street address where death occurred:

Rt. # 340 near Fredensburgh

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Dist. of Columbia County Washington  
 City or town Washington, D.C.  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 1001 30th St. S.E.  
 (If rural, give LOCATION)

2.(a) If veteran, name war none ✓

## 3. (a) FULL NAME

Mary Cecilia Dixon

## 3. (b) Social Security Number

none4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Royden J. Dixon7. Birth date of deceased (mo., day, yr.) Dec 9 - 1891 8. (c) If alive, give age 55 years8. AGE: Years 55 Months 4 Days 4 If less than one day hrs. min.9. Birthplace Washington, D.C. (Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name John Hutchins13. Birthplace Washington, D.C.14. Maiden name unknown15. Birthplace "16. Informant Ralph P. DixonAddress Washington, D.C.17. Burial, cremation, or removal Burial Date thereof April 13 - 1947 (month) (day) (year)Cemetery or crematory Cedar HillLocation Switzland, Prince George Co. Md.18. Funeral director Henry E. Coyle & Co.Address Fredensburgh, Md.19. 14 April 19 47 Elizabeth G. Hech Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 13 April 19 47 at 4:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NEVER 19 47 to 19 47and that I last saw him DEAD alive on 13 April 19 47Immediate cause of death Coronary ThrombosisDue to Hypertensive Heart Disease DURATION 1/2 hourDue to " "Other conditions " "

(Include pregnancy within 3 months of death)

Major findings of operations " "Autopsy results " "

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide " " Date of " "

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) " "Means of injury " " Injured at work? " "23. SIGNATURE Charles W. Coyle, Jr. M.D.Address Fredensburgh, Md. Date signed 13 Apr. '47



RECEIVED BY THE UNITED STATES GOVERNMENT

UNITED STATES GOVERNMENT

Harry E. Carty, Jr.  
64 East 87th St.  
New York 17, N.Y.

RECEIVED

APR 19 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 49a

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days  
 Hospital, institution, or street address where death occurred:

Frederick City Hospital  
 How long in hospital or institution? 3 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Mt. Airy, Maryland Rte 1  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Ann Morsey

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Single

8. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) April 10, 1929  
 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 18 Months 0 Days 20  
 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Pittsburg, PENNA  
 (Town, county, and state)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Thomas Dorsey13. Birthplace MARYLAND14. Maiden name FANNIE GASAWAY15. Birthplace MARYLAND16. Informant Mrs. Fannie MorseyAddress RD #1 Mt. Airy, Md.

17. BURIAL Date thereof 5-4-47  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mt. ZionLocation NEAR Mt. Airy, CARROLL Co. Md.18. Funeral director G.M. WaltzAddress Winfield Md19. 1-May 19 47  
 (Date rec'd by registrar)

Elizabeth G. Heek  
 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 30 19 47 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 10 19 47 to Apr 30 19 47  
 and that I last saw him alive on Apr 30 19 47

Immediate cause of death \_\_\_\_\_

DURATION

Acute Myocardial Infarction  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations Coronary Artery (Calc)  
 Date of op. Apr 10-47

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

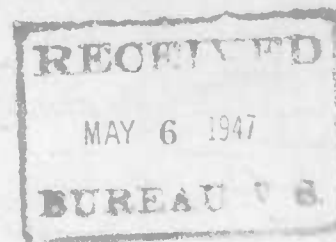
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE E.P. Jones M. D. or other \_\_\_\_\_

Address Frederick Md Date signed Apr 30-47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 week  
 Hospital, institution, or street address where death occurred:  
Fred. City Hospital  
 How long in hospital or institution? 1 week

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State md. County Fred.  
 City or town Walkersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Thomas Eaves

## 3. (b) Social Security Number

—

4. Sex m 5. Color or race w 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife Florence E. Biddinger  
 6. (c) If alive, give age 71 years  
 7. Birth date of deceased (mo., day, yr.) Feb. 17, 1876  
 8. AGE: Years 71 Months 2 Days 9 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick Co.  
(Town, county, and state)10. Usual occupation Farmer

## 11. Industry or business

FATHER 12. Name William Eaves  
 13. Birthplace Fred. Co.

MOTHER 14. Maiden name Mary Eaves  
 15. Birthplace Fred. Co.

16. Informant Mrs Thomas Eaves  
 Address Walkersville

17. Burial Date thereof April 29, 1947  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Glade Cemetery  
 Location Walkersville

18. Funeral director P. C. Barton  
 Address Walkersville

19. 28 April 19 47 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 25 19 47 at 5:40 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 24 19 46 to Apr 25 19 47and that I last saw him alive on Apr 24 19 47Immediate cause of death Coronary atherosclerosis

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Ed E. Taylor M. D. or otherAddress Walkersville, Md. Date signed Apr 26, 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1440

## CERTIFICATE OF DEATH

Reg. Dist. No.

01023 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
near Frederick City Hospital  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Rural Shookstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

OTIS W. ESTABROOK

## 3. (b) Social Security Number

199-14-0264

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M

W

married

6. (b) Name of husband or wife Ruth S. Estabrook6. (c) If alive, give age 30 years7. Birth date of deceased (mo., day, yr.) Jan. 18-19138. AGE: Years 34 Months 2 Days 25 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Frederick Co. Md.  
(Town, county, and state)10. Usual occupation Safety Engineer11. Industry or business Stone & Lime Business12. Name Leon M. Estabrook13. Birthplace Rockford - Illinois14. Maiden name Nellie Melling15. Birthplace Albany Iowa16. Informant Mrs. Leon EstabrookAddress (Rural) Shookstown - Md.17. Burial Date thereof 4-15-1947  
(Burial, cremation or removal, Whichever) (month) (day) (year)Cemetery or crematory St. Olivet CemeteryLocation Frederick - Md.18. Funeral director C. E. Clines & SonAddress Frederick - Md.19. 14 April 1947 Elizabeth Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12 April 1947, at 10:55 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NEVER 19\_\_\_\_ to 19\_\_\_\_  
and that I last saw him DEAD live on 19\_\_\_\_Immediate cause of death Gunschat wound, heart DURATION Instantaneous

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 12 April 1947Where did injury occur? Frederick Frederick Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) StreetMeans of Injury Gunschat wound Injured at work? no23. SIGNATURE Charles F. Conley Jr. M.D.Address Frederick Md. Date signed 22 Apr 1947

RECEIVED

APR 15 1947

BUREAU 8



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

## CERTIFICATE OF DEATH

Reg. Dist. No.

01024

134

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

It less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal (Which))

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH

19

at

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him

alive on

Immediate cause of death

Chronic nephritis  
Chronic myocarditis  
arteriosclerotic cardiac  
vascular disease

DURATION

3 years

several  
years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operation

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed

CERTIFICATE OF DEATH

LOCAL HEALTH DEPARTMENT

RECEIVED  
APR 11 1947  
BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94D

## CERTIFICATE OF DEATH

Reg. Dist. No. 01025 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? ..  
Hospital, institution, or street address where death occurred: Memorial Hospital  
How long in hospital or institution? 1 1/2 mo.

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 119 West Fayette  
(If rural, give LOCATION)  
2. (a) If veteran, name war. none

### 3. (a) FULL NAME

Margaret Jane Fogle

### 3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow  
6. (b) Name of husband or wife Frank Fogle  
6. (c) If alive, give age .. years  
7. Birth date of deceased (mo., day, yr.) February 15, 1863  
8. AGE: Years 84 Months 2 Days 13 If less than one day .. hrs. .. min.

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1947 at 2:55 P.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15, 1947 to April 28, 1947  
and that I last saw him alive on April 28, 1947  
Immediate cause of death Coronary Thrombosis  
DURATION 10 min.  
Due to Coronary arterio-sclerosis  
Due to ..  
Other conditions ..  
(Include pregnancy within 8 months of death)

9. Birthplace Maryland  
(Town, county, and state)  
10. Usual occupation Housewife  
11. Industry or business ..  
12. Name Samuel Six  
13. Birthplace Maryland  
14. Maiden name Lucelia Stanley  
15. Birthplace Maryland  
16. Informant Virginia Fogle  
Address Memorial Hosp. Frederick, Md.  
17. Frederick Date thereof May 1, 1947  
(Burial, cremation, or removal, which?) (month) (day) (year)  
Cemetery or crematorium United Brethren  
Location Frederick  
18. Funeral director D. E. Williams  
Address Frederick  
19. 1 - May 19 47 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

Major findings of operations .. Date of op. ..  
Autopsy results ..  
PHYSICIAN: Please underline the cause to which death should be charged statistically.  
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide .. Date of ..  
Where did injury occur? .. (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) ..  
Means of injury .. Injured at work? ..  
23. SIGNATURE Bernard Kumaof, M.D.  
Address Frederick, Md. Date signed 5-1-47

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 6 1947

BUREAU OF

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

01026

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
City or town Walkersville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 363Hospital, institution, or street address where death occurred:  
—How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County FrederickCity or town Walkersville  
(If outside city or town limits, write RURAL and give nearest town)Street No. —  
(If rural, give LOCATION)2.(a) If veteran, name war —

## 3. (a) FULL NAME

Newton A. Fulton3. (b) Social Security Number —

## 4. Sex

M

## 5. Color or race

W

## 6.(a) Single, married, widowed, or divorced

widowed

## 6.(b) Name of husband or wife

Carrie Stauffer

## 7. Birth date of deceased (mo., day, yr.)

Jan 4, 18666.(c) If alive, give age — years

## 8. AGE:

Years

Months

Days

If less than one day

81326

hrs.

min.

## 9. Birthplace

Frederick Co  
(Town, county, and state)

## 10. Usual occupation

Retired farmer11. Industry or business —

## FATHER

## 12. Name

H. Clay Fulton

## 13. Birthplace

Frederick Co.

## MOTHER

## 14. Maiden name

Emily F. Smith

## 15. Birthplace

Fred Co.

## 16. Informant

J.C. Barton

## Address

Walkersville

## 17.

Burial  
(Burial, cremation, or removal, which?)

## Date thereof

May 3, 1947  
(month) (day) (year)

## Cemetery or crematory

Glade Cemetery

## Location

Walkersville

## 19. Funeral director

J.C. Barton

## Address

Walkersville

## 19.

2 May  
(Date rec'd by registrar)19 47Elizabeth H. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 30, 1947 19 — at 9:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 15, 1947 to Apr 30, 1947and that I last saw him alive on Apr 29, 1947

Immediate cause of death

Cardiovascular Renal disease

## DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C.P. Eastusday

M. D. or other

Address

Walkersville, Md

Date signed

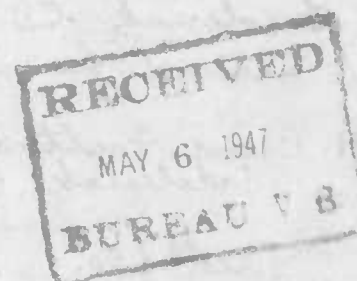
May 1, 1947

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 134

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

01027

## 1. PLACE OF DEATH:

County **Frederick**  
 City or town **State Sanatorium, Maryland**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **Since 8/3/38**  
 Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
 How long in hospital or institution? **Since 8/3/38**

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State **Maryland** County .....  
 City or town **Baltimore**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **718 W. Fayette St.**  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war .....

## 3. (a) FULL NAME

**Stanley Gabriel (Stanislaus Gabrielevich)**

## 3. (b) Social Security Number

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**  
 6. (b) Name of deceased's wife **Anna Gabriel**  
 7. Birth date of deceased (mo., day, yr.) **December 22, 1873**  
 6. (c) If alive, give age **?** years  
 8. AGE: Years **73** Months **4** Days **8** If less than one day ..... hrs. .... min.

8. Birthplace **Lithuania**  
 (Town, county, and state)  
 10. Usual occupation **Tailor**  
 11. Industry or business .....  
 12. Name **Vincas Gabrielevich**  
 13. Birthplace **Lithuania**  
 14. Maiden name **Cecelia Vitunich**  
 15. Birthplace **Lithuania**  
 16. Informant **Deceased**  
 Address .....

17. **Burial** Date thereof **5/3/47**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery **Holy Redeemer**  
**Baltimore, Maryland**  
 Location .....  
 18. Funeral director **Joseph Kasinskis Inc.**  
 Address **602 Wash. Blvd., Baltimore, Md.**

19. **May 1** 19 **47**  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH **April 30** 19 **47** at **7:00 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**August 3** 19 **38** to **April 30** 19 **47**  
 and that I last saw him alive on **April 30** 19 **47**

Immediate cause of death  
**Pulmonary Tuberculosis**

DURATION  
**120 Mos.**

Due to .....  
 Due to .....  
 Other conditions .....  
 (Include pregnancy within 8 months of death)

Major findings of operations .....  
 Date of op. ....

Autopsy results .....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ..... Date of .....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) .....  
 Means of injury Injured at work?

23. SIGNATURE **A. G. Blevins** M. D. **xxxx**  
 Address **State Sanatorium, Md.** Date signed **5/1/47**

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED  
MAY 3 1947  
BUREAU VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 638

## CERTIFICATE OF DEATH

 01028  
 131  
 Reg. Dist. No.

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? Since March 7, 1947

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Lime Kiln  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2. (a) If veteran, name war None

## 3. (a) FULL NAME

MARY EVA GREEN

## 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband on date John E. Green6. (c) If alive, give age 54 years7. Birth date of deceased (mo., day, yr.) March 20, 1897

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>0</u>	<u>26</u>	..... hrs. .... min.

9. Birthplace Myersville-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

## 11. Industry or business

12. Name John M. Frye13. Birthplace Frederick County Maryland14. Maiden name Flora Renner15. Birthplace Frederick County Maryland16. Informant John E. GreenAddress Lime Kiln, Maryland17. Burial Date thereof 4/19/47  
(Burial, cremation, or removal of body) (month) (day) (year)Cemetery or crematory United Brethren CemeteryLocation Myersville, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 17 April 19 47 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1947 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 7, 1947 to April 6, 1947  
and that I last saw him alive on April 16, 1947Immediate cause of death Cardiac decomposition 3 daysDue to Myocardial Infarction

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE B. O. Thomas M. D.Address Frederick, Maryland Date signed 4-17-47

RECEIVED

APR 19 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 140

## 1. PLACE OF DEATH:

County Frederick  
 City or town New Midway  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town New Midway  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Clarence Harvey Haugh

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Maryle May Wachter  
 6. (c) If alive, give age 59 years  
 7. Birth date of deceased (mo., day, yr.) Feb. 8, 1884  
 8. AGE: Years 61 Months 2 Days 6 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick Co. Md.  
 (Town, county, and state)

10. Usual occupation Laborer11. Industry or business Machinist12. Name John Edison Haugh13. Birthplace Frederick Co. Md.14. Maiden name Mary Hildebrandt15. Birthplace Frederick Co. Md.16. Informant Carroll W. HaughAddress New Midway Md.

17. Burial Date thereof Apr. 16, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. HopeLocation Woodsboro Md.18. Funeral director Bowell & Harty Co.Address Woodsboro Md.

19. H/15- 19 47 L E Bowlee  
 (Initialed by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 14 April 19 47 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 43 to 14 April 19 47  
 and that I last saw him alive on 13 April 19 47

Immediate cause of death Uremia

Due to Chronic glomerular nephritis

Due to Prostatectomy 3 weeks prior to death

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE James E. Stoner, Jr. MD. M. D. or other

Address Walherville Md. Date signed 14 Apr 47

RECEIVED

MAY 3 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 199

## CERTIFICATE OF DEATH

C1030

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)Street No. 1519 West Baltimore

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced ✓

6.(b) Name of husband or wife

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) April 14, 1947 -8. AGE: Years 0 Months 0 Days 0 If less than one day 16 hrs. min.9. Birthplace Frederick, Fredk. Co., Maryland  
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Charles Hubert Davis13. Birthplace Brownsville, Fredk. Co., Maryland14. Maiden name Louisa Bell Johnson15. Birthplace Brownsville, Fredk. Co., Maryland16. Informant Elizabeth G. HeckAddress Emergency Hosp. Fredk. Md.17. Burial Date thereof April 16, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. B. Cline & SonAddress Frederick, Maryland19. 16 April 1947  
 (Date read by registrar)

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1947 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 14, 1947 to April 15, 1947  
 and that I last saw her alive on April 15, 1947

Immediate cause of death

Prematurity

## DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

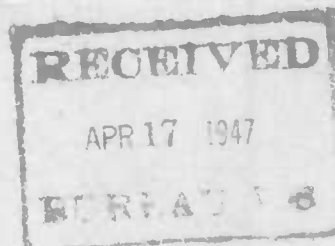
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Bernard Thomas Jr. M.D.  
Frederick, Md. M.D. or otherAddress Frederick, Md. Date signed April 16, 1947

L. P. Thomas Co. Newark  
Specs by " " "  
have filed and





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *131-6*

# CERTIFICATE OF DEATH

Reg. Diat. No. 131

01031

13

1. PLACE OF DEATH: County <u>Frederick</u> City or town <u>Frederick, Rural</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: <u>Memorial Hospital</u> How long in hospital or institution? <u>2 weeks</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Frederick</u> City or town <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>23 North Virginia</u> (If rural, give LOCATION) 2.(a) If veteran, name war	
3. (a) FULL NAME <u>Mamie Etta Hawes</u>		3. (b) Social Security Number	
4. Sex <u>Female</u> 5. Color or race <u>White</u> 6. (a) Single, married, widowed, or divorced <u>Married</u>		MEDICAL CERTIFICATION	
6. (b) Name of husband or wife <u>Harry W. Hawes</u> 6. (c) If alive, give age _____ years		20. DATE OF DEATH <u>April 17, 1947</u> at <u>6:25 A.M.</u>	
7. Birth date of deceased (mo., day, yr.) <u>March 25, 1891</u>		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>April 3, 1947</u> to <u>April 17, 1947</u> and that I last saw him alive on <u>April 17, 1947</u>	
8. AGE: Years <u>56</u> Months _____ Days <u>23</u> If less than one day _____ hrs. _____ min.		Immediate cause of death <u>Arterio-sclerotic Cardio-vascular renal disease</u>	
9. Birthplace <u>Maryland</u> (Town, county, and state)		DURATION <u>6 yrs</u>	
10. Usual occupation <u>Housewife</u>		Due to _____	
11. Industry or business _____		Due to _____	
12. Name <u>George F. Price</u>		Other conditions _____	
13. Birthplace <u>Frederick Co., Maryland</u>		(Include pregnancy within 8 months of death)	
14. Maiden name <u>Mamie Etta Price</u>		Major findings of operations _____	
15. Birthplace <u>Frederick Co., Maryland</u>		Date of op. _____	
16. Informant <u>Virginia L. Price</u>		Autopsy results _____	
Address <u>Memorial Hosp. Frederick Md</u>		PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17. Burial, cremation, or removal <u>Buried</u> Date thereof <u>4-20-1947</u> (month) (day) (year)		22. VIOLENCE: If death was due to external causes, fill in the following:	
Cemetery or crematory <u>Park Heights</u>		Accident, suicide, or homicide _____ Date of _____	
Location <u>Brunswick Md</u>		Where did injury occur? _____ (City or town) _____ (County) _____ (State)	
18. Funeral director <u>Brunswick Md</u>		Injured at home, farm, industry, public place (where?) _____	
Address <u>Brunswick Md</u>		Means of injury _____ Injured at work?	
19. <u>17 April 1947</u> (Date rec'd by registrar)		23. SIGNATURE <u>Charles H. Conley, Jr. Md</u> M.D. or other _____	
<u>Elizabeth G. Heck</u> Registrar		Address <u>Frederick Md</u> Date signed <u>17 Apr 47</u>	

1344

RECEIVED

APR 19 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01032

Reg. Dist. No.

1310

<b>1. PLACE OF DEATH:</b> County <u>Fredrick</u> City or town <u>Fredrick city</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>33 days</u> Hospital, institution, or street address where death occurred: <u>33 days</u> How long in hospital or institution? <u>33 days</u>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>md</u> County <u>Montgomery</u> City or town <u>Fairbury (Rural)</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>Rte 57</u> (If rural, give LOCATION) 2.(a) If veteran, name war <u>✓</u>			
<b>3. (a) FULL NAME</b> <u>Mildred Hurst</u>				<b>3. (b) Social Security Number</b> <u>✓</u>			
<b>4. Sex</b> <u>Female</u>		<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Divorced</u>			
<b>6. (b) Name of husband or wife</b> <u>John Lathum</u>				<b>6. (c) If alive, give age</b> <u>18</u> years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Feb-14 1899</u>				<b>8. AGE:</b> Years <u>48</u> Months <u>1</u> Days <u>18</u> If less than one day <u>hrs.</u> <u>min.</u>			
<b>9. Birthplace</b> <u>Charlotte, N.C.</u> (Town, county, and state)				<b>10. Usual occupation</b> <u>House wife</u>			
<b>11. Industry or business</b> <u>John Lathum</u>				<b>12. Name</b> <u>John Lathum</u>			
<b>13. Birthplace</b> <u>Martha Lathum</u>				<b>14. Maiden name</b> <u>N.C.</u>			
<b>15. Birthplace</b> <u>N.C.</u>				<b>16. Informant</b> <u>Mr. &amp; Carrie Proctor</u> Address <u>Charlotte, N.C.</u>			
<b>17. (Burial, cremation, or removal, Which?)</b> <u>Burial</u> Date thereof <u>4/15/47</u> (month) (day) (year)				<b>18. Cemetery or crematory</b> <u>Fairbury Rd. Cemetery</u> Location <u>Fairbury Rd. N.C.</u>			
<b>19. Funeral director</b> <u>Elizabeth G. Hark</u> Address <u>Fairbury Rd. N.C.</u>				<b>20. DATE OF DEATH</b> <u>Apr 2</u> 19 <u>47</u> , at <u>10.9</u> A.M.			
<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>Mar 1</u> 19 <u>47</u> to <u>Apr 2</u> 19 <u>47</u> and that I last saw him alive on <u>Apr 2</u> 19 <u>47</u>				<b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide <u>—</u> Date of <u>—</u> Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) <u>—</u> Means of injury <u>—</u> Injured at work? <u>—</u>			
<b>23. SIGNATURE</b> <u>EP Shmied</u> Address <u>Fredrick Md</u> Date signed <u>Apr 47</u>				<b>24. MEDICAL CERTIFICATION</b> Immediate cause of death <u>Carcinoma of Pancreas</u> Due to <u>—</u> Due to <u>—</u> Other conditions <u>—</u> (Include pregnancy within 8 months of death) Major findings of operations <u>—</u> Date of op. <u>—</u> Autopsy results <u>—</u> PHYSICIAN: Please underline the cause to which death should be charged statistically.			

19. 2 April 1947

(Date rec'd by registrar)

Elizabeth G. Hark

Registrar

Address

M. D. or other

Date signed Apr 47

RECEIVED

APR 5 1947

BUREAU V B

1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (466)

01033

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
66 Lincoln Apartments  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 66 Lincoln Apartments  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

## 3. (a) FULL NAME

LAURA ELIZABETH JONES

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) September 13, 1898 6. (c) If alive, give age years

8. AGE: Years 48 Months 7 Days 9 If less than one day hrs. min.

9. Birthplace Sunnyside, Frederick County, Md.  
 (Town, county, and state)

10. Usual occupation Servant

11. Industry or business

12. Name George Jones13. Birthplace Sunnyside, Maryland14. Maiden name Ellen Myers15. Birthplace Sunnyside, Maryland16. Informant Miss Ella A. JonesAddress Frederick, Maryland

17. Burial Date thereof April 25, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sunnyside Methodist CemeteryLocation Sunnyside, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland

19. 24 April 19 47  
 (Date rec'd by registrar) Registrar Elizabeth G. Heck

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 22nd 19 47 at 2:15 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1946 to April 22, 1947and that I last saw him alive on April 19, 1947Immediate cause of death Carcinoma of Stomach DURATION 1 yr.Due to StomachDue to Stomach

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. H. H. H. M. D. or otherAddress Frederick, Md. Date signed 4/23/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

APR 26 1947

BUREAU OF



# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore *Bd*

Reg. Dist. No. *131*

## CERTIFICATE OF DEATH

*01034*

### 1. PLACE OF DEATH:

(a) County *Fredrick*  
 (b) City or town *Fredrick*  
 (If outside city or town limits, write RURAL and give town)  
 (c) Street address, hospital, or institution:  
*302 W. Patrick St.*  
 (d) Length of stay in hospital or inst. (yrs., mos., or days) \_\_\_\_\_  
 (e) Length of stay in this community (yrs., mos., or days) *82 yrs.*

### 2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State *Md.* (b) County *Fredrick*  
 (c) City or town *Fredrick*  
 (If outside city or town limits, write RURAL and give town)  
 (d) Street No. *302 W. Patrick St.*  
 (If rural give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

### 3 (a) FULL NAME

*George Henry Kayser*  
 3 (b) If veteran, name war *None* 3 (c) Social Security No. *None*

4. Sex *M* 5. Color or race *W* 6 (a) Single, married, widowed, or divorced *Widowed*

6 (b) Name of husband or wife *Eleanor Ann Roelke*  
 6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) *2-14-1865*

8. AGE: Years *82* Months *2* Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace *Fredrick County - Md.*  
 (Town, county, and state)

10. Usual occupation *B. & O. R. R. - Switchman*

11. Industry or business \_\_\_\_\_

MOTHER FATHER 12. Name *Samuel Kayser*  
 13. Birthplace *Fredrick Co. Md.*

14. Maiden Name *Catherine Railing*  
 15. Birthplace *Fredrick Co. Md.*

16 (a) Informant *Mrs. Clara Roelke*  
 (b) Address *Fredrick - Md.*

17 (a) *Burial* (b) Date thereof *4-17-47*  
 (Burial, cremation, or removal) (month) (day) (year)  
 (c) Cemetery or crematory *Mt. Olivet Cemetery*  
 Location *Fredrick - Md.*

18 (a) Funeral director *C. E. Chise & Son*  
 (b) Address *Fredrick - Md.*

19 (a) *16 April 1947* (b) *Elizabeth G. Hech*  
 (Date rec'd by registrar) (Registrar)

### MEDICAL CERTIFICATION

20. Date of death *April 14* 19*47*, at *5:30 P. M.*

21. I certify that death occurred on the date above stated; that I attended deceased from *Jan* 19*40* to *April 14* 19*47*, and that I last saw him alive on *April 14* 19*47*.

Immediate cause of death  
*Chr. Myocarditis + Myocardial Degeneration*  
 Due to *Senility*  
 Due to *Exhaustion*  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration  
*Years*  
*1 weeks*

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
 (d) Did injury occur about home, on farm, industrial place, in public place? \_\_\_\_\_ While at work? \_\_\_\_\_  
 (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature *H. Lawrence Fanning Md*  
 M. D. or other  
 Address *Fredrick Md* Date signed *4-14-47*

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

APR 17 1947

BUREAU 18

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *B-6*

## CERTIFICATE OF DEATH

01035

Reg. Dist. No. 139

### 1. PLACE OF DEATH:

County **Frederick**  
City or town **State Sanatorium, Maryland**  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? **Since 10/31/45**  
Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
How long in hospital or institution? **Since 10/31/45**

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County  
City or town **Baltimore**  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. **3829 Fourth Ave.**  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

**Joseph G. Kofskey**

### 3. (b) Social Security Number

**117-09-2485**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**  
6. (b) Name **xxxxxx Wife: Evelyn M. Kofskey**  
6. (c) If alive, give age **38** years  
7. Birth date of deceased (mo., day, yr.) **January 18, 1905**  
8. AGE: Years **42** Months **3** Days **3** If less than one day  
hrs. min.

9. Birthplace **Baltimore County, Maryland**  
(Town, county, and state)

10. Usual occupation **Welder**

11. Industry or business

12. Name **Winford Kofskey**

13. Birthplace **Poland**

14. Maiden name **Christina Frazier**

15. Birthplace **Poland**

16. Informant **Deceased**

Address

17. **Burial** Date thereof **4/24/47**  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery **xxxxx St. Stanislaus**

Location **Baltimore, Maryland**

18. Funeral director **M. L. Creager & Son**

Address **Thurmont, Maryland**

19. **4/22** **47**  
(Date rec'd by registrar)

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH **April 21** 19**47** at **9:00A**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**October 31** 19**45** to **April 21** 19**47**  
and that I last saw him alive on **April 21** 19**47**

Immediate cause of death  
**Pulmonary Tuberculosis** **48 Mos.**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **R. G. Baccin** M. D. **xxx**

Address **State Sanatorium, Md.** Date signed **4/21/47**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
APR 25 1947  
BUREAU V B.

Evidence for the addition of  
year of birth is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

01036

FILM No. G 109 APR 23 1947

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 4 Years  
Hospital, institution, or street address where death occurred:  
35 Hamilton Avenue  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 35 Hamilton Avenue  
(If rural, give LOCATION)  
None  
2.(a) If veteran, name war

3. (a) FULL NAME

GEORGE HENRY MacKENZIE

3. (b) Social Security Number

219-20-4921

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Sadie DeGrange

7. Birth date of deceased (mo., day, yr.) April 21, 1947 1880  
6. (c) If alive, give age 56 years

8. AGE: Years 66 Months 11 Days 17 If less than one day  
..... hrs. .... min.

9. Birthplace Frederick County Maryland  
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name James MacKenzie  
13. Birthplace Frederick County Maryland

14. Maiden name Theresa Firestone  
15. Birthplace Frederick County Maryland

16. Informant Mrs. Sadie MacKenzie  
Address 35 Hamilton Ave., Frederick, Md.

17. Burial Date thereof 4/21/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery  
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. 18 April 1947 Elizabeth G. Heck  
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1947, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
April 2 in 1947 to April 18, 1947  
and that I last saw him alive on April 16 to 18, 1947

Immediate cause of death Conductive Sepsis  
Due to Myocarditis  
DURATION 6 years

Other conditions  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE Frank H. Hedger M. D.  
Frederick, Maryland  
Address Date signed 4-18-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 19 1947

BUREAU V 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01037

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural R. F. D. #5  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Years

Hospital, institution, or street address where death occurred:  
Mount Philip

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #5  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Mount Philip  
 (If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (a) FULL NAME

EMMA ANN MARSH

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced  
W

6. (b) Name of husband or wife Joel J. Marsh

7. Birth date of deceased (mo., day, yr.) October 25, 1859  
 6. (c) If alive, give age years

8. AGE: Years 87 Months 5 Days 15 If less than one day  
hrs. min.

9. Birthplace Loudoun County Virginia  
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Mrs. Martin L. StockmanAddress R. F. D. #5, Frederick, Md.

17. Burial Date thereof 4/12/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Zion CemeteryLocation Near Feagaville, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 11 April 1947 Elizabeth G. Heck.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 10, 1947 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 9, 1947 to April 10, 1947  
 and that I last saw him alive on April 9, 1947

Immediate cause of death

DURATION

acute Cardiac  
dilatation with  
pulmonary effusion 24 hrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE B. C. Thomas M. D.  
 Address Frederick, Maryland Date signed 4-10-47

RECEIVED

APR 14 1947

BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

## CERTIFICATE OF DEATH

01038

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 YearsHospital, institution, or street address where death occurred:  
1309 North Market Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1309 North Market Street  
(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3.(a) FULL NAME

LAURA LOUISE MARTZ

## 3.(b) Social Security Number

None

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

W

6.(b) Name of husband or wife

David H. Martz

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 19, 1852

8. AGE:

Years

Months

Days

If less than one day

95216

hrs.

min.

9. Birthplace Rocky Springs-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Daniel Houck13. Birthplace Frederick County Maryland14. Maiden name Ann R. Aubert15. Birthplace Frederick County Maryland18. Informant Mrs. Mae M. BurrierAddress 1309 N. Market St., Frederick, Md.17. BurialDate thereof 4/8/47  
(Burial, examination, or removal: Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 9 April 1947  
(Date read by registrar)Elizabeth S. Hecks.  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1947 at 6:30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4 1947 to April 5 1947and that I last saw the deceased alive on April 4 1947

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. other

Address

Date signed

RECEIVED

APR 10 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

## CERTIFICATE OF DEATH

Reg. Dist. No. 01039 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 10 years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 8 East B.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Nellie Blane Mc Govern

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

John Mc Govern6. (c) If alive, give age 72 years

## 7. Birth date of deceased (mo., day, yr.)

June 12 1884

## 8. AGE:

Years 62Months 9Days 8

If less than one day

.....hrs. ....min.

## 9. Birthplace

Maryland  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

None

## MOTHER (FATHER)

## 12. Name

George Morrison

## 13. Birthplace

Md

## 14. Maiden name

Alice Jane Martin

## 15. Birthplace

Md

## 16. Informant

John Mc Govern

## Address

Brunswick Md

## 17.

Burial  
(Burial, cremation, or other disposal)Date thereof April 11, 1947  
(month) (day) (year)

## Cemetery or crematory

Park Heights

## Location

Brunswick Md

## 18. Funeral director

C. H. Fultz & Son

## Address

Brunswick Md.

## 19.

8 April 1947  
(Date rec'd by registrar)Elizabeth G. Heck.  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 19 47, at 3 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 6 19 47, to April 8 19 47and that I last saw him/her alive on April 8 19 47

Immediate cause of death

Coronary Thromboses

## DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frederick M. D. April 8 1947  
Address Date signed

RECEIVED

APR 10 1947

RECEIVED 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-B)

## CERTIFICATE OF DEATH

01040  
Reg. Dist. No. 134

## 1. PLACE OF DEATH:

County Frederick  
City or town Emmitsburg Md. Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 years (Mt. St. Mary's College)  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Emmitsburg Md  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Mt. St. Mary's College  
(If rural, give LOCATION)

2. (a) If veteran, name war.

## 3. (a) FULL NAME

Sister Mary Melanica (Mc Mahon)

## 3. (b) Social Security Number

## 4. Sex

Female white

## 5. Color or race

single

## 6. (a) Single, married, widowed, or divorced

## 6. (b) Name of husband or wife.

## 7. Birth date of deceased (mo., day, yr.)

Aug. 24, 1865

## 6. (c) If alive, give age. years

## 8. AGE:

Years

Months

Days

If less than one day

82818

hrs.

min.

## 9. Birthplace

Limerick, Ireland  
(Town, county, and state)

## 10. Usual occupation

Domestic duties

## 11. Industry or business

FATHER

## 12. Name

John Mc Mahon

## 13. Birthplace

Limerick, Ireland

## 14. Maiden name

Bridget

## 15. Birthplace

Limerick, Ireland

## 18. Informant

Sister M. Innocent

## Address

Mt. St. Mary's College MD

## 17.

(Burial, cremation, or removal, Which?)

Burial

## Date thereof

April 9, 1947  
(month) (day) (year)

## Cemetery or crematory

Holy Resurrection

## Location

Baltimore Md

## 18. Funeral director

L. L. Allison

## Address

Emmitsburg Md

## 19.

(Date rec'd by registrar)

April 6 47M. T. Shuff  
Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 6, 47 at 5A M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1944 to April 6, 47

## and that I last saw him alive on

April 5, 47

## Immediate cause of death

Chronic myocarditis

## DURATION

5 years

## Due to

Arteriosclerosis cardio vascular diseaseseveral years

## Due to

## Other conditions

Sibiosis pul. lbc. Many years

(Include pregnancy within 3 months of death)

## Major findings of operations

none

Date of op.

## Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

W. P. Cade MD  
M. D. or other

Address

Emmitsburg Md

Date signed

4-6-47

RECEIVED

APR 11 1947

BUREAU 8

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (346)

## CERTIFICATE OF DEATH

Reg. Dist. No. 010411

## 1. PLACE OF DEATH:

County Frederick  
City or town Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Lisbon  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color of race

White

## 6. (a) Single, married, widowed, or divorced

Unknown

## 6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of deceased (mo., day, yr.)

## 8. AGE:

Year 80Months 11Days 3

It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

## 9. Birthplace

Maryland  
(City, town, county, and state)

## 10. Usual occupation

Laborer

## 11. Industry or business

George W. Mills

## 12. Name

George W. Mills

## 13. Birthplace

Unknown

## 14. Maiden name

Ann Summer

## 15. Birthplace

Unknown

## 16. Informant

Monterey Hospital

## Address

Frederick

## 17. Burial

Bureau

## Date thereof

April 13, 1947

## (Burial, cremation, or removal to which)

(month) (day) (year)

## Cemetery or place of interment

Lisbon

## Location

Lisbon Howard Co.

## 18. Funeral director

R. M. Smyth

## Address

1111 1st Ave

## 19. 11-April 1947

Elizabeth G. Heck

## Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 19 47 at 6:45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 19 46 to April 9 19 47and that I last saw him alive on April 9 19 47

Immediate cause of death

Chronic nephritis

DURATION

5 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas Jr. M.D.

M. D. or other

Address Frederick, Md.Date signed April 10, 1947



RECEIVED

APR 14 1947

BUREAU 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-0)

## CERTIFICATE OF DEATH

01042

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

258 West Patrick Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 258 West Patrick Street(If rural, give LOCATION)  
None

2.(a) If veteran, name war

## 3. (a) FULL NAME

CHARLES EDWARD MORGAN

## 3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Elsie M. Young

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

July 16, 1872

8. AGE:

Years

Months

Days

If less than one day

74818

hrs.

min.

9. Birthplace

Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name

Benjamin F. Morgan

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Luciebia E. Harris

15. Birthplace

Frederick County Maryland

16. Informant

Clayton E. Morgan

Address

Frederick, Maryland

17.

Burial

Date thereof

4/7/47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

St. Pauls Lutheran Cemetery

Location

Jefferson, Maryland

16. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

7-April

19

47Elizabeth G. Hetch

Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 4th 19 47 at 10:45P

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 10 1946 to April 4 1947and that I last saw him alive on April 1 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

6 Days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Etchison

M. D.

Frederick, Maryland

Date signed 4-5-47

RECEIVED

APR 8 1947

BUREAU

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

01043

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? Since January 19, 1947

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 28 East South Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

ETHEL GERTRUDE MORGAN

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

D

6. (b) Name of husband or wife

Harry Morgan6. (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.)

July 22, 1893

8. AGE:

Years

Months

Days

If less than one day

52824

.....hrs. ....min.

9. Birthplace

Nr. Shookstown-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER  
MOTHER12. Name William Blank13. Birthplace Frederick County Maryland14. Maiden name Rosabell Whipp15. Birthplace Frederick County Maryland

16. Informant

Mrs. LeRoy Barrick

Address

Woodsboro, Maryland

17. Burial

Date thereof 4/19/47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland19. 17 April 1947  
(Date rec'd by registrar)Elizabeth H. Heck  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1947 at 10:55P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 19, 1947 to April 16, 1947and that I last saw her alive on April 16, 1947

Immediate cause of death

DURATION

Metastatic Carcinoma

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Howard W. Loh M. D.  
Frederick, Maryland Date signed 4-17-47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 19 1947

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

01044

## 1. PLACE OF DEATH:

County Frederick  
 City or town Buckeystown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 50 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Buckeystown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
None  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

EMALINE ANNA MOSSEBURG

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M  
 6. (b) Name of husband or wife D. Archibald Mossburg  
 6. (c) If alive, give age 78 years  
 7. Birth date of deceased (mo., day, yr.) December 29, 1856  
 8. AGE: Years 90 Months 3 Days 7 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 6th 1947 at 1:20A  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 17th 1947 to April 6th 1947 and that I last saw him alive on April 5th 1947

Immediate cause of death Cerebral Accident  
 Due to Chronic myocarditis  
Myocardial degeneration  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

DURATION  
Apr. 5, 47  
 Period  
of years

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE C. H. Conley M. D. K. H. K. K.  
Frederick, Maryland Date signed 4/7/47  
 Address \_\_\_\_\_

9. Birthplace Frederick County Maryland  
 (Town, county, and state)  
 10. Usual occupation At Home  
 11. Industry or business \_\_\_\_\_  
 12. Name Conrad Buchheimer  
 13. Birthplace Germany  
 14. Maiden name Elizabeth Brengle  
 15. Birthplace Germany  
 16. Informant D. Archibald Mossburg  
 Address Buckeystown, Maryland  
 17. Burial Date thereof 4/8/47  
 (Burial, cremation, or removal-Which?) (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland  
 18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland  
 19. 8 April 1947 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

RECEIVED

APR 10 1947

BUREAU 78



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01045

Reg. Dist. No. 138

## 1. PLACE OF DEATH:

County FrederickCity or town Ijamsville-Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 Years

Hospital, institution, or street address where death occurred:

Near Ijamsville

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Ijamsville - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Ijamsville  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3.(a) FULL NAME

BESS MARTHA ELIZABETH MUSSETTER

## 3.(b) Social Security Number

None4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced S

## 6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) August 31, 1896 8.(c) If alive, give age \_\_\_\_\_ years8. AGE: Years 50 Months 7 Days 16 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Nr. Ijamsville-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

## 11. Industry or business

12. Name Henry P. Mussetter13. Birthplace Frederick County Maryland14. Maiden name Mary Louise Dreyer15. Birthplace Frederick County Maryland16. Informant Henry P. MussetterAddress Ijamsville, Md. - Rural17. Burial Date thereof 4/19/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 4/18 1947 Laurie K. Zalcov

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH April 17, 1947 at 6 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1947 to April 17 1947 and that I last saw her alive on April 14 1947Immediate cause of death Paralysis Agitans DURATION 6 years

Due to \_\_\_\_\_

Other conditions Acute bronchitis 10 days

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Ernest P. Roop M. D.Address New Market, Maryland Date signed 4-17-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Handwritten notes, possibly a list or index, including the words "Handwritten" and "Index".

RECEIVED  
MAY 10 1947  
BUREAU

Handwritten notes, possibly a list or index, including the words "Handwritten" and "Index".

Count 9 Book

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

Reg. Dist. No. 010461

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 years  
 Hospital, institution, or street address where death occurred:  
225 Lindbergh Avenue  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residences of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 225 Lindbergh Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3.(a) FULL NAME

ELIZABETH MAJOR NEVIUS

## 3.(b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
-------------------------	----------------------------------	---

6.(b) Name of husband or wife Walter Nevius  
 7. Birth date of deceased (mo., day, yr.) November 4, 1889  
 6.(c) If alive, give age 56 years  
 8. AGE: Years 57 Months 5 Days 13 If less than one day  
 .....hrs. ....min.

9. Birthplace Dallas Township, Pennsylvania  
 (Town, county, and state)

10. Usual occupation Housewife

## 11. Industry or business

FATHER	12. Name <u>Theodore Major</u>
	13. Birthplace <u>Luzerne County, Pa.</u>
	14. Maiden name <u>Suzanna L. Roushey</u>
	15. Birthplace <u>Luzerne County, Pa.</u>

16. Informant Walter Nevius  
 Address Frederick, Maryland

17. Burial Date thereof April 19, 1947  
 (Burial, cremation, or removal. When?) (month) (day) (year)  
 Cemetery or crematory Frederick Memorial Park  
Linden Hills, Md.  
 Location

18. Funeral director C. E. Cline & Son  
 Address Frederick, Maryland

19. 18 April 1947 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1947, at 2<sup>30</sup> A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 10 1947, to April 17 1947  
 and that I last saw her alive on April 17 1947  
 Immediate cause of death

	DURATION
<u>Acute Coronary Thrombosis</u>	<u>2 mo.</u>
Due to	
Due to <u>Arteriosclerosis</u>	
Other conditions <u>Hypertension</u>	
(Include pregnancy within 3 months of death)	

Major findings of operations None  
 Date of op. ....  
 Autopsy results None  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of .....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE A. A. Gane, M.D.  
 M. D. or other  
 Address Frederick, Md. Date signed 4/18/47

WESTERN STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
APR 19 1947  
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrected page is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01047

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 YearsHospital, institution, or street address where death occurred:  
230 East Sixth Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 230 East Sixth Street  
(If rural, give LOCATION)2. (a) If veteran, name war None

## 3. (a) FULL NAME

MARY VIRGINIA NICKEL

## 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Albert Nickel6. (c) If alive, give age 42 years7. Birth date of deceased (mo., day, yr.) May 21, 1904

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>10</u>	<u>18</u>	hrs. min.

9. Birthplace Rocky Springs-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name John H. Ford13. Birthplace Frederick County Maryland14. Maiden name Cora H. Whipp15. Birthplace Frederick County Maryland16. Informant Albert NickelAddress 230 E. 6th St., Frederick, Md.17. Burial Rocky Springs Cemetery(Burial, cremation, or removal. When?) Date thereof 4/12/47  
(month) (day) (year)Cemetery or crematory Rocky Springs CemeteryLocation Frederick, Maryland - Rural18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 10-April 19 47 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 19 47 at 8:45 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 19 47 to April 9 19 47and that I last saw him alive on April 9 19 47Immediate cause of death Melanotic CarcinomaGeneralized edema.Due to Carcinoma of the BreastDue to 4 yrsOther conditions —

(Include pregnancy within 8 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE Deferson M. D. or other —Address — Date signed 4/9/47

RECEIVED

APR 14 1947

BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01048

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

### 1. PLACE OF DEATH:

County **Frederick**  
City or town **State Sanatorium, Maryland**  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? **Since 3/26/47**  
Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
How long in hospital or institution? **Since 3/26/47**

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County .....  
City or town **Baltimore**  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. **4123 Southern Ave.**  
(If rural, give LOCATION)  
2.(a) If veteran, name war .....

### 3. (a) FULL NAME

**Melvin Owens**

### 3. (b) Social Security Number

**217-18-1802**

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Single**

6.(b) Name of husband or wife .....

7. Birth date of deceased (mo., day, yr.) **May 6, 1907** 6.(c) If alive, give age ..... years

8. AGE: Years **39** Months **11** Days **17** If less than one day ..... hrs. .... min.

9. Birthplace **Somerset County**  
(Town, county, and state)

10. Usual occupation **Filling Station**

11. Industry or business .....

12. Name **Oliver P. Owens**

13. Birthplace **Somerset County**

14. Maiden name **Jennie Jenkins**

15. Birthplace **Anne Arundel County**

16. Informant **Deceased**

Address .....

17. **Burial** Date thereof **Apr. 26, 1947**  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Baltimore Cemetery**

Location **Baltimore, Md.**

18. Funeral director **H. Sander & Sons**

Address **Broadway & North Ave., Bal to., Md.**

19. **April 25** 19 **47** Registrar **J. H. Kim**  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH **April 24** 19 **47** at **12:45A**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **March 26** 19 **47** to **April 24** 19 **47** and that I last saw him alive on **April 24** 19 **47**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **7 Mos.**

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 8 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE **A. G. Green** M. D. **XXXX**

Address **State Sanatorium, Md.** Date signed **4/24/47**

MARGIN RESERVED FOR BINDING

I

VS A15 9-4315M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

APR 28 1947

BUREAU

Evidence for the changes made  
shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 139

01049

1. PLACE OF DEATH:

County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 11/2/44  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 11/2/44

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Baltimore  
City or town Dundalk  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 207 Maple Ave.  
(If rural, give LOCATION)  
2.(a) If veteran, name war ✓

3. (a) FULL NAME

Charles M. Plants

3. (b) Social Security Number

213-07-7470

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of ~~XXXX~~ wife Anna M. Plants  
6.(c) If alive, give age 46 years  
7. Birth date of deceased (mo., day, yr.) December 24, 1891  
8. AGE: Years 55 Months 3 Days 9 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Zanesville, Ohio  
(Town, county, and state)  
10. Usual occupation Pipe Mill worker  
11. Industry or business

FATHER 12. Name Leonard M. Plants  
13. Birthplace Zanesville, Ohio  
MOTHER 14. Maiden name Ida Stockdale  
15. Birthplace Zanesville, Ohio

16. Informant Deceased Anna Plants  
Address 207 Maple Ave.  
17. Burial Date thereof 4-5-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Holy Redeemer  
Location St. Aid Rd.  
18. Funeral director Thos. John Kenny, Inc.  
Address 1242 Leeds Terrace, Balto., Md.

19. April 3 19 47  
(Date rec'd by registrar) Registrar J. H. Lynn

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 19 47 at 3:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
November 2 19 44 to April 2 19 47  
and that I last saw him alive on April 2 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 35 Mos.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

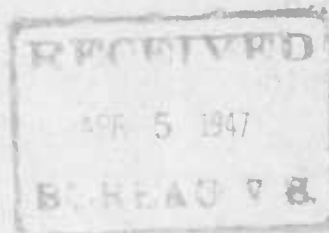
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE R. B. Bacci M. D. DECEASED  
Address State Sanatorium, Md. Date signed 4/3/47

MARGIN RESERVED FOR BINDING

VS 415 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191-6)

01050

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

163 B & O Avenue

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 163 B & O Avenue(If rural, give LOCATION)  
None

2.(a) If veteran, name war

## 3. (a) FULL NAME

GEORGE WASHINGTON POOLE

## 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Unknown 18738. AGE: Years 74? Months Days It less than one day  
.....hrs. ....min.9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Laborer

## 11. Industry or business

12. Name George W. Poole13. Birthplace Frederick County Maryland14. Maiden name Mary E. Weddle15. Birthplace Frederick County Maryland16. Informant Family Records

Address

17. Burial Date thereof 4/8/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 7-April 1947 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th 1947, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 1 1947 to Apr 1 1947  
and that I last saw him alive on Mar 16 1947

Immediate cause of death

Chronic myocarditis

DURATION

1 yr

Due to

Due to

Other conditions

Chronic nephritis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

H. H. Kline

M. D.

M. D. or other

Address Frederick, Maryland Date signed 4-7-47

RECEIVED

APR 8 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore #66

## CERTIFICATE OF DEATH

01051

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Frederick  
 City or town Brownsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 Hrs  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

George Henry Ramsey

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Apr 13 1922

6. (c) If alive, give age years

8. AGE:

24

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

W.Va

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

MOTHER FATHER

12. Name

Louis Ramsey

13. Birthplace

W.Va

14. Maiden name

Emma Wilson

15. Birthplace

W.Va

16. Informant

Louis Ramsey

Address

Rural Martinburg W.Va.

17.

(Burial, cremation, or removal, Which)

Date thereof

Apr 10, 1947

Cemetery or crematory

Snake Town

Location

Martinburg W.Va. RFD.

18. Funeral director

Address

Chas. H. & B. W. Brown  
Brownsville, Md.

19.

April 8 1947  
(Date rec'd by registrar)Kathryn H. Brown  
Dep. Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W.Va County Berkeley  
 City or town Rural Martinburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH 7 April 19 47 at 2:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 19 47 to 19 47  
 and that I last saw him live on 7 April 19 47

Immediate cause of death

Gunschat wounds, heart and abdomen

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 7 April '47Where did injury occur? Brownsville, Frederick, Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) NoneMeans of injury Gunschat wound Injured at work? no

23. SIGNATURE

Charles H. Conley, Jr. M.D.  
Dep. Med. Examiner M.D. or other  
 Address Frederick, Md. Date signed 8 April '47

RECEIVED

RECEIVED

RECEIVED

APR 12 1947

BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

609 Fairview Avenue

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 609 Fairview Avenue

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (a) FULL NAME

CAMDEN JOSEPH RAMSBURG, SR.

## 3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Martha Ely6. (c) If alive, give age 56 years7. Birth date of deceased (mo., day, yr.) July 19, 1879

8. AGE:

Years

Months

Days

If less than one day

67823

hrs. min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Robert M. C. Ramsburg13. Birthplace Frederick County Maryland14. Maiden name Dora Camden15. Birthplace Clarksburg, West Virginia16. Informant Mrs. Martha E. RamsburgAddress 609 Fairview Ave., Frederick, Md.17. Burial Date thereof 4/15/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 14 April 1947 Elizabeth G Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 12th, 1947 at 10:15A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 20 1947 to Apr 12 1947  
and that I last saw him alive on Apr 12 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

14 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. K. Kew

M. D.

M. D. or other

Address Frederick, Maryland Date signed 4-14-47

RECEIVED

APR 15 1947

BUREAU

01053

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 YearsHospital, institution, or street address where death occurred:  
1001 North Market Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1001 North Market Street  
(If rural, give LOCATION)2. (a) If veteran, name war None

## 3. (a) FULL NAME

ANNIE ROSE MAY RENN

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M6. (b) Name of husband or wife Charles C. Renn6. (c) If alive, give age 74 years7. Birth date of deceased (mo., day, yr.) October 18, 18578. AGE: Years 71 Months 5 Days 18 If less than one day  
..... hrs. .... min.9. Birthplace Carroll County Maryland  
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name John Keefer13. Birthplace Carroll County Maryland14. Maiden name Sarah C. Bierley15. Birthplace Carroll County Maryland16. Informant Charles C. RennAddress 1001 N. Market St., Frederick, Md.17. Burial Date thereof 4/9/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 9 April 1947 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 6th 1947 at 9:15A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
March 26 1947 to April 5 1947  
and that I last saw him alive on April 5 1947Immediate cause of death Coronary thrombosis DURATION 20 minutes

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Botham M. D.Address Frederick, Maryland Date signed 4-8-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 10 1947

BUREAU OF

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137

## CERTIFICATE OF DEATH

01054

139

Reg. Dist. No.

### 1. PLACE OF DEATH:

County **Frederick**  
City or town **State Sanatorium, Maryland**  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? **Since 10/24/45**  
Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
How long in hospital or institution? **Since 10/24/45**

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Frederick**  
City or town **Myersville**  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

**Dorothy Irene Ricketts**

### 3. (b) Social Security Number

**219-20-1322**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) **Sept. 6, 1925**

8. AGE: Years **21** Months **7** Days **23** If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace **Adamstown, Md.**  
(Town, county, and state)

10. Usual occupation **Housekeeper**

11. Industry or business \_\_\_\_\_

12. Name **Lawrence Ricketts**

13. Birthplace **Frederick County, Md.**

14. Maiden name **Bessie Horman**

15. Birthplace **Frederick County, Md.**

16. Informant **Deceased**

Address \_\_\_\_\_

17. **Burial** Date thereof **May 2, 1947**  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Mount Olivet Cem.**

Location **Frederick, Md.**

18. Funeral director **M. R. Etchison & Son**

Address **Frederick, Maryland**

19. **May 1** 19 **47** **J. B. Lynn**  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH **April 29** 19 **47** at **5:35 P.** M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **October 24** 19 **45** to **April 29** 19 **47** and that I last saw her alive on **April 29** 19 **47**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **22 Mos.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE **R. B. Breen** M. D. **XXXX**

Address **State Sanatorium, Md.** Date signed **5/1/47**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 3 1947  
BUREAU V L

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

## CERTIFICATE OF DEATH

01055

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Fredrick  
 City or town Frederick, Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 9, 1865  
 6. (c) If alive, give age..... years

8. AGE:

Years 81 Months 4 Days 8 It less than one day  
 hrs. min.

9. Birthplace

Maryland

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, which?)

Cemetery or crematorium

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

18 April

19. 47

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Mount Airy, Rural  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1947 at 12:40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1, 1946 to April 17, 1947  
 and that I last saw him alive on April 17, 1947

Immediate cause of death

Arterio-sclerotic Cardio-vascular disease

DURATION

5 years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

Bernard Thomas Jr. M.D.  
Frederick, Md. Date signed April 18, 1947



RECEIVED

APR 19 1947

BUREAU V &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2)

## CERTIFICATE OF DEATH

01056

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 1 Year & 1 1/2 Months

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Jefferson  
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (a) FULL NAME

FRANCIS LEE SHAFF

## 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Laura Ella Wilhide6. (c) If alive, give age 84 years7. Birth date of deceased (mo., day, yr.) April 15, 1860

8. AGE: Years 86 Months 11 Days 17 If less than one day  
 hrs. min.

9. Birthplace Jefferson-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Abraham Shaff  
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Mary Stockman  
 15. Birthplace Frederick County Maryland

16. Informant W. Keedy Shaff  
 Address Brunswick, Maryland

17. Burial 4/5/47  
 (Burial, cremation, or removal: Which?) (month) (day) (year)  
 Cemetery or crematory St. Pauls Lutheran Cemetery  
 Location Jefferson, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 3 April 1947 Elizabeth G Heck  
 (Date read by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd 1947 at 7:25 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 1 1946 to April 2 1947  
 and that I last saw him alive on April 2 1947

Immediate cause of death

Carcinoma Sigmoid colon

DURATION

1 year (?)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

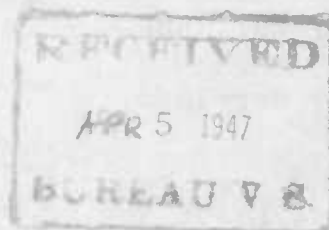
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Bernard James M. D.  
 M. D. or other

Address Frederick, Maryland Date signed 4-3-47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age year of birth is shown on

Evidence for the change of

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 330

01057

FILM No. G 104 APR 23 1947 CERTIFICATE OF DEATH

Reg. Dist. No. 134

<b>1. PLACE OF DEATH:</b> County... <u>Fredrick</u> City or town... <u>Emmitsburg, Md.</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?... <u>16 days</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?	<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Fredrick</u> City or town... <u>Rural</u> (If outside city or town limits, write RURAL and give nearest town) Street No... <u>Rocky Ridge</u> (If rural, give LOCATION) 2.(a) If veteran, name war
--	--

<b>3. (a) FULL NAME</b> <u>Harriet V. Sharrer</u>	<b>3. (b) Social Security Number</b>
--	--------------------------------------

4. Sex <u>Fm</u>	5. Color or race <u>white</u>	6. (a) Single, married, widowed, or divorced <u>widow</u>
6. (b) Name of husband or wife... <u>Joseph L. Sharrer</u>		
7. Birth date of deceased (mo., day, yr.) <u>February 27, 1869 1867</u>		
8. AGE:	Years <u>80</u>	Months <u>1</u>
	Days <u>17</u>	If less than one day .....hrs. ....min.

9. Birthplace... <u>Carroll Co, Md.</u> (Town, county, and state)
10. Usual occupation... <u>Housekeeper</u>

11. Industry or business
12. Name... <u>Charles Brown</u>
13. Birthplace... <u>Carroll Co, Md.</u>
14. Maiden name... <u>Lydia Mealey</u>
15. Birthplace... <u>Carroll Co, Md.</u>

16. Informant... <u>Charles L. Sharrer</u>
Address... <u>Emmitsburg Md.</u>
17. Burial... <u>April 16, 1947</u> (Date thereof) (month) (day) (year)
Burial, cremation, or removal. Which? <u>Mt. Tabor Cemetery</u>
Cemetery or crematory... <u>Rocky Ridge Md.</u>
Location... <u>Rocky Ridge Md.</u>

18. Funeral director... <u>H. L. Allison</u>
Address... <u>Emmitsburg, Md.</u>
19. <u>April 13, 1947</u> (Date rec'd by registrar)

<b>MEDICAL CERTIFICATION</b>	
2D. DATE OF DEATH... <u>April 14, 1947</u> at <u>11 A</u> M	
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>1930</u> 19... to <u>April 14, 1947</u> 19... and that I last saw him... alive on <u>April 13, 1947</u> 19...	
Immediate cause of death... <u>arteriosclerosis of aorta</u> <u>myocarditis</u>	DURATION <u>several years</u>
Due to... <u>Hypertension</u>	
Due to...	
Other conditions...	

(Include pregnancy within 3 months of death)	
Major findings of operations... <u>none</u>	Date of op. ....
Autopsy results... <u>none</u>	
PHYSICIAN: Please underwrite the cause to which death should be charged statistically.	

22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide... Date of .....	
Where did injury occur? (City or town) (County) (State)	
Injured at home, farm, industry, public place (where?)	
Means of injury Injured at work?	
23. SIGNATURE... <u>W. R. Cadle M.D.</u>	
Address... <u>Emmitsburg, Md.</u>	Date signed <u>4-14-47</u>

CERTIFICATE OF DEATH

RECEIVED

APR 19 1947

BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 158

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 days  
 Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
 How long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 16 9th Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Donald Eugene Shawyer

## 3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Dec 22 1946 8. (c) If alive, give age — years

8. AGE: Years 0 Months 3 Days 20 If less than one day  
 .....hrs. ....min.

9. Birthplace Maryland  
(Town, county, and state)  
Brown

10. Usual occupation

11. Industry or business none12. Name John W. Shawyer Jr13. Birthplace West Virginia14. Maiden name Mary Francis Hough15. Birthplace West Virginia16. Informant John W. Shawyer JrAddress Brunswick Md17. Burial Date thereof April 13 1947

(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory East HeightsLocation Brunswick Md18. Funeral director C. A. Fute & BroAddress Brunswick Md19. 12 April 19 47 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 19 47 at 2:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
April 10 19 47 to April 12 19 47  
 and that I last saw him alive on April 11 19 47

Immediate cause of death Malnutrition and dehydration due to unintelligent  
attempts at feeding and formula pre-  
paration. Cerep. DURATION 2 months  
1 week?

Due to attempts at feeding and formula pre-  
paration. Cerep.  
 Due to No apparent gastro-enteritis.

Other conditions

(Include pregnancy within 8 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas Jr. M.D.Frederick, Md M.D. or otherAddress Frederick, Md Date signed April 12, 47

# MASSACHUSETTS DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

<p>1. NAME OF DECEASED</p>		<p>2. SEX</p>	
<p>3. AGE</p>		<p>4. DATE OF BIRTH</p>	
<p>5. PLACE OF BIRTH</p>		<p>6. DATE OF DEATH</p>	
<p>7. TIME OF DEATH</p>		<p>8. PLACE OF DEATH</p>	
<p>9. CAUSE OF DEATH</p>		<p>10. MANNER OF DEATH</p>	
<p>11. SIGNATURE OF PHYSICIAN</p>		<p>12. SIGNATURE OF REGISTRAR</p>	
<p>13. SIGNATURE OF WITNESS</p>		<p>14. SIGNATURE OF DECEASED</p>	

RECEIVED  
APR 15 1947  
BUREAU OF



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (745)

## CERTIFICATE OF DEATH

01058

Reg. Dist. No. 131

1. PLACE OF DEATH:  
 County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 mo  
 Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
 How long in hospital or institution? 2 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Virginia County London  
 City or town Taylorstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_ ✓

3. (a) FULL NAME Chapman Shores

3. (b) Social Security Number \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Single

B. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) May 30 1883 8. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 63 Months 10 Days 20 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Virginia  
 (Town, county, and state)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace \_\_\_\_\_

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_

16. Informant Mrs. R. Gress  
 Address Longtown Va

17. (Burial, cremation, or removal. Which?) Burial Date thereof April 12, 1947  
 (month) (day) (year)

Cemetery or crematory Mountain Cemetery  
 Location Taylorstown Va  
C. H. Felt, Bro

18. Funeral director Brunson Md  
 Address \_\_\_\_\_

19. 10 April 1947 Elizabeth G. Hech  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1947 at 1:40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1947 to April 10 1947  
 and that I last saw him alive on April 9 1947

Immediate cause of death Myeloid Leukemia  
II America

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Myocarditis

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (whore?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Dr. R. Bruce M. D. or other

Address Superior Md Date signed 4/12/47

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

RECEIVED

APR 11 1947

BUREAU 8

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Lifetime  
Hospital, institution, or street address where death occurred:  
317 East Patrick Street  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 317 East Patrick Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

### 3. (a) FULL NAME

CHARLES EDGAR SIER

### 3. (b) Social Security Number

None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) February 14, 1870

8. AGE:	Years	Months	Days	If less than one day
	77	1	22	hrs. min.

9. Birthplace Liamsville, Frederick County, Md.  
(Town, county, and state)

10. Usual occupation Retired B. & O. R. R. Worker

### 11. Industry or business

12. Name Joseph Benjamin Sier

13. Birthplace Frederick County, Maryland

14. Maiden name Sarah Louira Ford

15. Birthplace Frederick County, Maryland

16. Informant Mrs. Daisy Pauline Williams

Address Frederick, Maryland

17. Burial Date thereof April 8, 1947  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 70 April 1947 Elizabeth G. Heck  
(Date read by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 6th 1947 at 2:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 1947 to April 6 1947

and that I last saw him alive on April 5 1947

Immediate cause of death Pneumonia Bronchitis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Elizabeth G. Heck M. D. or other

Address Frederick, Md. Date signed April 7, 1947

MARGIN RESERVED FOR BINDING

VS A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

APR 8 1947

FILE

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

Reg. Dist. No. 01060 932

## 1. PLACE OF DEATH:

County Frederick  
 City or town Rural Braddock Heights  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Rural Myersville  
 (If outside city or town limits, write RURAL and give nearest town)Street No. ....  
 (If rural, give LOCATION)2. (a) If veteran, name war no

## 3. (a) FULL NAME

George L. Smith

## 3. (b) Social Security Number

no

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Laura V. Smith6. (c) If alive, give age 23 years

7. Birth date of

deceased (mo., day, yr.) August 30, 1870

8. AGE:

Years 76 Months 7 Days 19 If less than one day  
 .... hrs. .... min.

9. Birthplace

Myersville Frederick Co., Md.  
 (Town, county, and state)

10. Usual occupation

Retired Carpenter

11. Industry or business

FATHER

12. Name

George Smith

13. Birthplace

Myersville, Md.

MOTHER

14. Maiden name

Elizabeth Beachley

15. Birthplace

Middletown, Md.

16. Informant

Laura V. Smith

Address

Braddock Heights, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

4-21-47  
 (month) (day) (year)

Cemetery or crematory

United Brethren Cemetery

Location

Myersville, Md.

18. Funeral director

Gladhill Co.

Address

Middletown, Md.

19.

(Date rec'd by registrar)

April 21, 1947 Marie Gladhill  
 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 19, 1947 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 1946 to April 1947  
 and that I last saw him alive on April 7, 1947

Immediate cause of death

Hypertension

DURATION

Due to

arterio-sclerotic

Due to

coronary diseaseSecondyear

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. V. Staton M.D.  
 M. D. or other

Address

Myersville, Md.Date signed Apr. 19-47

RECEIVED

APR 23 1947

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

01061

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

MontevueHow long in hospital or institution? Since October 23, 1945

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Ijamsville - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Centerville

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (a) FULL NAME

WILLIAM COOPER SMITH

## 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>C</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Edmonia E. Bowie7. Birth date of deceased (mo., day, yr.) Unknown 1876  
6. (c) If alive, give age years

8. AGE: Years <u>71?</u>	Months	Days	If less than one day hrs. min.
-----------------------------	--------	------	-----------------------------------

9. Birthplace Frederick County Maryland  
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Montevue RecordsAddress Frederick, Maryland17. Burial Date thereof 4/26/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Ebenzer CemeteryLocation Ijamsville, Maryland - Rural18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 26 April 19 47 Elizabeth H. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 24, 1947 at 3:20P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1, 1946 to April 24, 1947and that I last saw him alive on April 24, 1947Immediate cause of death arterio-sclerotic cardiac-vascular disease

DURATION

5 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard H. M. D. M. D. or otherAddress Frederick, Maryland Date signed 4-25-47



RECEIVED  
APR 29 1947  
BUREAU V S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 weeks  
 Hospital, institution, or street address where death occurred:  
Emergency Hospital  
 How long in hospital or institution? 3 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Carroll  
 City or town Frederick - Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Frederick - Md.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war ✓

## 3. (a) FULL NAME

LORENZO SNOWDEN

## 3. (b) Social Security Number

NONE

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Exact date Unknown 1884 6. (c) If alive, give age 63 years

8. AGE: 63 Years Months Days If less than one day hrs. min.

9. Birthplace Maryland  
 (Town, county, and state)  
Laborer

10. Usual occupation

11. Industry or business

12. Name Not Known

13. Birthplace

14. Maiden name Not Known

15. Birthplace

16. Informant Hospital Records

Address

17. BURIAL Date thereof 4-9-47  
 (Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory Simpson'sLocation Poplar Springs, Howard Co. Md.18. Funeral director Wm. W. W. W.Address Winfield, Md.19. 8 April 19 47 Elizabeth H. Hech

(Date recd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 6, 1947 at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 11, 1947 to April 6, 1947  
 and that I last saw him alive on April 6, 1947

Immediate cause of death Cerebral hemorrhage DURATION 3 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas J. M.D.Address Frederick, Md. Date signed April 6, 1947

RECEIVED

APP 11 1947

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19102

## CERTIFICATE OF DEATH

01063

Reg. Dist. No. 132

## 1. PLACE OF DEATH:

County FrederickCity or town Rural Middletown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FrederickCity or town Rural Middletown  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Orville H. Stottlemeyer

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Maxie StottlemeyerB. (c) If alive, give age 47 years

7. Birth date of

deceased (mo., day, yr.) August 8, 1887

8. AGE:

Years

Months

Days

If less than one day

59722

hrs.

min.

9. Birthplace

Wolfsville, Frederick Co., Md.  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Joseph Stottlemeyer

13. Birthplace

Wolfsville, Md.

MOTHER

14. Maiden name

Martha Hurley

15. Birthplace

Wolfsville, Md.

16. Informant

Maxie Stottlemeyer

Address

Middletown, Md.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

4-3-47  
(month) (day) (year)

Cemetery or crematory

Church of God Cemetery

Location

Cascade, Md.

18. Funeral director

Bladhill Co.

Address

Middletown, Md.19. April 3

(Date rec'd by registrar)

19. 47Marie Bladhill  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 19 47 at 8:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 19 46 to Apr 1 19 47and that I last saw him alive on Mar 26 19 47

Immediate cause of death

DURATION

Cardio-Renal-Vascular disease 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

MiddletownDate signed 4-2-47

RECEIVED

APR 9 1947

BUREAU 18

## MARYLAND STATE DEPARTMENT OF HEALTH X

2411 N. Charles St., Baltimore 578

## CERTIFICATE OF DEATH

01064

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war no

## 3. (a) FULL NAME

Alvey Carlton Luther Summers

## 3. (b) Social Security Number

no

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white Married6. (b) Name of husband or wife Laveria Summers7. Birth date of deceased (mo., day, yr.) Oct. 13, 1882 8. (c) If alive, give age unk. years8. AGE: Year Months Days If less than one day  
64 5 28 hrs. min.9. Birthplace Middletown Frederick Co. Md.  
(Town, county, and state)10. Usual occupation Retired Farmer

## 11. Industry or business

12. Name David Summers13. Birthplace Middletown, Md.14. Maiden name Anna Rotherhoefer15. Birthplace Middletown, Md.16. Informant Elmer SummersAddress Frederick, Md.17. Burial Date thereof 4-14-47  
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Middletown, Md.Bladhill Co.18. Funeral director Middletown, Md.Address Middletown, Md.19. 13 April 1947 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1947, at 6:20 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1946, to April 12 1947and that I last saw him alive on April 11 1947

Immediate cause of death

Carcinoma Prostate  
Metastatic carcinoma  
lungs & brain

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. \_\_\_\_\_

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Bernard Thomas Jr. M.D. M. D. other \_\_\_\_\_Address Frederick, Md. Date signed April 14, 1947

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 16 1947

BUREAU OF A.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92d

## CERTIFICATE OF DEATH

01065

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 Year

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 10 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 111 East Seventh Street  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

BENJAMIN EDWARD TRITTIPOE

## 3. (b) Social Security Number

577-05-2312

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Mary Jane Baker Trittippoe6. (c) If alive, give age 27 years7. Birth date of deceased (mo., day, yr.) April 5, 19178. AGE: Years 30 Months 5 Days 5 If less than one day  
hrs. min.9. Birthplace Lucketts, Virginia  
(Town, county, and state)10. Usual occupation Machinist

11. Industry or business

12. Name William M. Trittippoe13. Birthplace Montgomery County, Md.14. Maiden name Nora May Titus15. Birthplace Loudoun County, Va.16. Informant Mrs. Benjamin E. TrittippoeAddress Frederick, Maryland17. Burial Date thereof April 13, 1947  
(Burial, cremation, or removal. Write month) (day) (year)Cemetery or crematory Frederick Memorial ParkLocation Linden Hills, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 11 April 1947 Elizabeth G. Heck  
(Date read by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1947 at 3:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 31 1944 to April 10 1947  
and that I last saw him alive on April 10 1947Immediate cause of death Myocardial Decompensation DURATION 1 yearDue to Chn Valvular Heart Disease 10 years

Due to

Other conditions Pulmonary Edema & Hemiplegia 2 day  
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H Lawrence Trittippoe M.D. M.D. or otherAddress Frederick Md Date signed 4-11-47

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

A FORM FOR THE REGISTRATION OF DEATHS

MASSACHUSETTS DEPARTMENT OF HEALTH

RECEIVED

APR 14 1947

BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01066

131

Reg. Dist. No.

### 1. PLACE OF DEATH:

County Frederick

City or town Adamstown-Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 Years

Hospital, institution, or street address where death occurred:  
Near Adamstown

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Adamstown-Rural  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Adamstown  
(If rural, give LOCATION)

2.(a) If veteran, name war None

### 3. (a) FULL NAME

MINNIE A. VIRTS

### 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Wallace L. Virts

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1867

8. AGE: Years 79 Months 11 Days 6 It less than one day hrs. min.

9. Birthplace Frederick County Maryland  
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Philip Thompson

13. Birthplace Frederick County Maryland

14. Maiden name Mary Catherine Crist

15. Birthplace Frederick County Maryland

16. Informant Mrs. George T. Stup

Address Adamstown, Maryland - Rural

17. Burial Date thereof 4/25/47  
(Burial, cremation, or general, which?) (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery

Location Point of Rocks, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 23 April 1947 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1947 at 5 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 1947 to April 22 1947

and that I last saw him alive on April 19 1947

Immediate cause of death Coronary Arteriosclerosis

Due to Chronic Myocarditis 10 yrs

Due to Coronary Sclerosis 2 yrs

Other conditions Chronic Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. R. Price M. D.

Address Frederick, Maryland Date signed 4-23-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
APR 24 1947  
BUREAU V d

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *MD*

## CERTIFICATE OF DEATH

01067  
Reg. Dist. No. *131*

### 1. PLACE OF DEATH:

County *Frederick*  
City or town *Frederick*  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? *Lifetime*  
Hospital, institution, or street address where death occurred:  
*2 West Second Street*  
How long in hospital or institution? .....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State *Maryland* County *Frederick*  
City or town *Frederick*  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. *2 West Second Street*  
(If rural, give LOCATION)  
*None*  
2.(a) If veteran, name war .....

### 3.(a) FULL NAME

*SAMUEL WATERS*

### 3.(b) Social Security Number

*None*

4. Sex *Male* 5. Color or race *White* 6.(a) Single, married, widowed, or divorced *Widowed*

6.(b) Name of husband or wife *Elizabeth Lerch Waters*

7. Birth date of deceased (mo., day, yr.) *September 18, 1860* 6.(c) If alive, give age ..... years

8. AGE: Years *86* Months *7* Days *11* If less than one day ..... hrs. .... min.

9. Birthplace *Frederick, Frederick County, Md.*  
(Town, county, and state)

10. Usual occupation *Retired*

### 11. Industry or business

FATHER 12. Name *Horatio Waters*

13. Birthplace *Baltimore, Maryland*

MOTHER 14. Maiden name *Rachel O. Hogg*

15. Birthplace *Baltimore, Maryland*

16. Informant *Mrs. Harry C. Castle*

Address *Frederick, Maryland*

17. *Burial* Date thereof *April 21, 1947*  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Mount Olivet Cemetery*

Location *Frederick, Maryland*

18. Funeral director *C. E. Cline & Son*

Address *Frederick, Maryland*

19. *21-April* 19 *47* *Elizabeth G. Heck*  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH *April 19* 19 *47* at *8:00 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *April 15* 19 *47* to *April 19* 19 *47*  
and that I last saw him alive on *April 19* 19 *47*

Immediate cause of death *Acute Coronary Thrombosis* DURATION *4 days*

Due to .....

Due to .....

Other conditions *Arteriosclerosis*

(Include pregnancy within 8 months of death)

Major findings of operations .....

..... Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *A. A. Pears M.D.*

M.D. or other

Address *Frederick, Md.* Date signed *4.20.47*

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
APR 23 1947  
BUREAU V S



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13120

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

July 26, 1860

8. AGE:

Years

Months

Days

If less than one day

8685

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Not Known

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 1, 1947, at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 29, 1947, to April 1, 1947  
and that I last saw him alive on April 1, 1947

Immediate cause of death

Arterio-sclerotic Cardio-vascular Disease

DURATION

10 years

Due to

Due to

Other conditions

Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

MARGIN RESERVED FOR BINDING

VS 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

APR 8 1947

BUREAU 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 140

## 1. PLACE OF DEATH:

County..... Fred  
 City or town..... Woodsboro  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 30 yrs.  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... md County..... Frederick  
 City or town..... Woodsboro  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Salome B. Winebrenner

## 3. (b) Social Security Number

4. Sex..... f 5. Color or race..... w 6. (a) Single, married, widowed, or divorced..... married

6. (b) Name of husband or wife..... Harry E. Winebrenner

7. Birth date of deceased (mo., day, yr.)..... Sept. 10, 1877 6. (c) If alive, give age..... years

8. AGE: Years..... 69 Months..... 7 Days..... 18 If less than one day..... hrs. .... min.

9. Birthplace..... Woodsboro Dist., Fred. Co.  
 (Town, county, and state)

10. Usual occupation..... House wife

11. Industry or business.....

12. Name..... William Young

13. Birthplace..... Frederick Co.

14. Maiden name..... Genora Trout

15. Birthplace..... Frederick Co.

16. Informant..... Mr. Harry E. Winebrenner

Address..... Woodsboro

17. Burial Date thereof..... April 30, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Mt. Olivet Hope

Location..... Woodsboro

18. Funeral director..... A. C. Barten

Address..... Walkersville

19. 4/29 1947 L. C. Powell  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... 28 April 1947, at 4 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
20 April 1947 to 27 April 1947

and that I last saw her alive on 27 April 1947

Immediate cause of death.....

DURATION

Cerebrovascular accident 48 hours

Due to..... Generalized arteriosclerosis years

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work?

.....

.....

.....

23. SIGNATURE..... James E. Stoner, Jr., M.D.

..... M. D. or other

Address..... Walkersville, Md. Date signed..... 29 Apr 47

RECEIVED

MAY 3 1947

BUREAU 6